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LECTURES

ON THE

DISEASES OF THE BONES AND THE JOINTS.

BY

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LECTURE VI.

Gradual curvature of the spine. Alteration at first in the intervertebral substance and afterwards in the vertebræ. Causes of lateral curvature. Treatment: exercise, dress, bathing, belts, &c. Diseases of the ribs and sternum. Necrosis of the pelvis. Case; attended also with a practical result in the operation of lithotomy. Omalgia. Treatment. Mode of applying bandages. Strumous disease of the humerus. Elbow-joint disease. Resection of this joint. Treatment after operation. Necrosis of bones of the forearm. Caries of the carpal bones.

We now pass on to the consideration of a spinal curvature, which differs from that we have hitherto spoken of, in being gradual, instead of sharp and angular; in affecting more or less the whole vertebral column, instead of being confined to one particular part; in not being accompanied with any caries or destruction of the bodies of the bones; and in not being attended with the same dangerous consequences, if only attended to sufficiently early. It may occur in young subjects from bending of the parts before the deposition of osseous matter has made them sufficiently strong to bear the weight of the body, or it may happen in more advanced life from the absorption of bony matter after it has been deposited in proper proportion.

In this form of disease the spine may be bent in a variety of ways. It is sometimes forwards, the ribs being bent and compressed in different directions, the sternum projecting and sharp (chicken-breasted), and the functions of the thoracic organs much interfered with. At first such a case might be thought to depend on caries of the spine, but, when examined, no gibbosity will be discovered; the bend will be seen gradual, and not sudden. More frequently the bend is lateral, in which case it is double, an effort being made to correct the deformity by making a second bend in the opposite direction. Sometimes the spine bends, not only from side to side, but on its own axis also, so as to turn the whole body round. In the earlier stage of the deformity there is no change in the shape of the bones themselves. The alteration is principally in the intervertebral substance, which is compressed more on one side than the other, and the patient can, by an effort, bring back the spine to its normal form, the bends disappearing on stooping and stretching forwards. But in course of time alteration takes place in the form of the bones themselves, owing to interstitial absorption, and it is impossible for the patient to stand straight. Other bones, also, become deformed to a certain degree; the ribs are squeezed together on one side whilst they are separated widely from one another on the opposite; one scapula is thrown up and rendered prominent whilst the other is depressed in proportion; the pelvis, also, being thrown on one side, is, in some cases, squeezed together, and its lateral diameter somewhat lessened by the weight of the body. Sometimes the lower ribs rest against the crest of the ilium on one side, pinching the muscles and soft parts between the two bones, and causing much pain and inconvenience. Occasionally there is both absorption and deposition of bone going on at the same time, namely, absorption of the side of the bodies next the concavity, and the formation of a kind of splint of osseous matter in the hollow of the curve, supporting the column at the weakest point. Lateral curvature of the spine may be caused by any circumstance which habitually inclines the pelvis to one side, and thus throws the spine out of the perpendicular. Disease of the knee or hip-joints; badly united fracture, with shortening of the limb; a habit of standing on one leg, or of sitting at a desk with one shoulder much raised, as in writing,

&c.; are amongst the more common causes. Young girls who are made to stand much, or sit up for a length of time without proper support to the back, are apt to throw the spine into a curve to ease the feeling of fatigue. After a time they get into the habit of assuming a particular position of this kind, and thus permanent curvature is established. The bend in the upper part of the back is generally towards the right side, the dress constantly slipping off on the opposite side.

In the treatment of this kind of curvature much may be done by encouraging the muscles of the chest and back into gently and gradually increased action. Exercises with skipping-ropes, wooden clubs, &c., continued daily, short of fatigue, and in a perfectly loose dress, are generally attended with decided benefit. The muscles on the two sides become more equally developed and the spine is drawn into its natural form, and if the general health is improved by the judicious employment of tonics, exercise in the open air, &c., the cure may be complete. Even where it is impossible completely to rectify the whole amount of mischief, the case will probably be benefitted and the disease prevented from advancing as it otherwise would do. Sea-bathing, shampooing, and friction along the course of the spinal muscles, is also an excellent plan in some cases. Sleeping on a mattrass or hard bed, or on a slightly inclined plane, is also recommended. Some propose to keep the patient on an inclined plane, with the head fixed by means of a leather strap under the chin, and weights attached to the feet in such a manner as to exercise a constant traction on the spinal column. I do not know whether this is likely to do much good. It is not, at all events, dangerous, as it is in cases of sharp curvature. Another plan of treatment, which appears to be very fashionable just at present, is the division of the muscles of the back; but I much question whether it is as beneficial in its results as is generally represented. The cause of the curvature is generally weakness and inaction of one set of muscles, and not spasm of the other set. Exercise, therefore, on the principles I have mentioned to you, is a more rational plan, and, as I believe, more frequently successful. In severe cases the disease may be alleviated by wearing belts with iron supports, extending from the pelvis to the axilla, and covered with a kind of padded crutch. These apparatuses, however, are not of a kind to produce a permanent cure. They may be very serviceable in cases where there appears to be an unnatural softness and pliability in the bones.

With regard to the kind of tonics to be used in these cases, I have found the preparations of iron to be particularly beneficial, such as the tincture of the muriate, the iodide of iron, &c.

The *ribs* are occasionally the seat of disease, seldom of ulceration or caries, but sometimes of necrosis. There is swelling and throbbing pain at one part of the chest, and, after a time, abscess forms. This is opened or bursts, and matter continues to be discharged from a fistulous opening after it has nearly closed up. On making an examination with a probe, the dead bone is probably discovered by its rough and grating feel. Sometimes the case is complicated by empyema, suppuration occurring inside as well as outside the thorax.

The *sternum* is also now and then necrosed, or matter forms in the interior of the bone, swelling out the two plates and destroying the cancellated structure, in the same way as we have seen pus collect in the lower jaw-bone. This kind of abscess of the sternum sometimes communicates with abscess in the anterior mediastinum. I need not enter separately into the details of the treatment of such cases; you will be guided by general principles, which we have already seen applied to similar cases, in opening such abscesses, and, if necessary, trephining the bone, so as to make a free exit for the collected pus.

Necrosis of the pelvis may occur from different causes, and particularly from injuries received in falls. The crest of the ilium is thus thrown off from the body of the bone, and in one case I attended some years ago, the ramus of the pubes and part of the ischium were separated in a necrosed state in consequence of a fall across a beam, the person striking his perineum and causing abscess in that part. This abscess was opened and the matter allowed to escape. Suppuration, however, continued, and sinuses formed in several directions. Urine, also, began to flow through these apertures together with the pus. At first the case was treated as an ordinary case of disease of the urethra and rupture of the passage, but the discharge of pus continuing unabated, the openings were enlarged and a careful examination was made with a probe. The instrument passed very deeply and encountered some rough foreign body like a calculus. This I thought it was, and considered that it had escaped from the urethra into the neighbouring tissues, where, as a foreign body, it was keeping up inflammation and suppuration. Accordingly, I introduced a pair of forceps by the opening in the perineum, and, with difficulty, abstracted a piece of bone of considerable size, encrusted partially with calcareous matter. On examining the parts after this I felt a small aperture which admitted my finger after a little perseverance, although at first the point could hardly be made to enter. Pushing on, to discover if any more dead bone remained, I found, at last, that I came upon the mucous coat of the bladder. I mention this circumstance because it was the first thing

which impressed on my mind the possibility of enlarging a small incision of the prostate, in the operation for lithotomy, without the risk of cutting through it. It was evident that the opening in the urethra in this case was in the prostate, and it was also clear that I had been able, with moderate force, to pass my finger through that body, even without any previous incision of the parts. From that time I have always, in cutting for stone in the bladder, made a very small incision in the prostate, and trusted more to gradual dilatation of the parts to the requisite extent by means of the finger.

Little need be said about the *scapula*, as it is seldom diseased. There is now and then exfoliation of the flat part of the bone, and sometimes ulceration of the cartilage, and caries of the surface of the glenoid cavity. In the latter case there is abscess in the shoulder-joint, and often disease of the head of the humerus. It is a very serious affection, and implies, often, excision of the diseased parts. Exfoliation of part of the scapula may be caused by the burrowing of an abscess in the shoulder, under the muscles attached to the neighbouring parts of the bone.

Omalgia, or disease of the shoulder-joint, occurs generally in persons of the lower class of life, from injury which has not been properly attended to. When the disease presents itself to your notice it is generally impossible to say in what tissue it has commenced. It may begin by lardaceous or scrofulous deposit in the head of the humerus, softening into abscess, which perhaps opens into the cavity of the joint. At all events, the bone becomes ultimately affected in consequence of ulceration of cartilage, even where the disease commences in the synovial lining or cartilage of the joint. This disease usually commences with a degree of stiffness and difficulty of moving the upper arm, and more particularly of raising it to the head. The patient can work with the arm hanging down, but when he attempts to throw his arms out from his body, or to work at anything above the level of his face, he finds the affected shoulder speedily become tired and painful. After a time pain comes on in the shoulder and down the inner side of the arm to the elbow; perhaps swelling supervenes, and abscess forms on the posterior aspect of the joint, extending under the deltoid and separating the muscles from one another. At this time there is great pain on moving the arm, and more particularly on performing the motions of abduction and rotation. The arm is generally favoured by the patient, and, as a natural consequence, wastes away. There is also flattening of the shoulder and prominence of the acromion process from the same cause. When the cartilage is ulcerated and the bone exposed, a grating sensation is felt when the humerus is made to move over the glenoid cavity of the scapula.

The treatment of this affection consists in the perfect resting of the joint and the use of antiphlogistic measures, such as leeches, fomentations, &c., in the commencement, and of blisters and other counter-irritants when the pain and tenderness about the parts becomes less. As soon as it can be borne, also, the shoulder and upper part of the arm should be encased in a leather splint, fitting closely, and kept on with bandages, which should be put on from the fingers upwards, in order to prevent swelling. This splint should be worn for some time after the inflammatory symptoms have subsided, because the joint will remain very liable to a return of all the bad symptoms. Where the case progresses less favourably, and there is threatening of abscess, all counter-irritants must be dispensed with, and either fomentations or poultices used. When there is certainly matter collected, it should be evacuated by an opening made on the posterior aspect of the shoulder, and the bandages should be so managed that the wound may be dressed without removing the splint. If the discharge continue to such an extent as to weaken the patient considerably, and if, when a probe is passed into the sinuses, you feel it grate against bare bone in the joint, you must consider how you will best get rid of the diseased parts which are thus keeping up the discharge. In general you will be able to save the limb by merely incising the soft parts over the shoulder, opening the joint, and excising the diseased portions, be they the head of the humerus or the articulating surface of the scapula, or both these parts. In some few cases, however, where the case is complicated, or the disease extends far down the humerus, you will be forced to perform amputation at the shoulder-joint.

We have seen that the head of the *humerus* is sometimes diseased from the extension of morbid action commenced in the synovial membrane or cartilage of the shoulder-joint, and ending in ulceration of the bone itself; and we have also seen that it may become primarily the seat of disease by the deposit of scrofulous matter in the cancellated structure, and the softening of this into abscess. We next come to the *shaft* of the bone. This is not unfrequently necrosed in various parts, either of the external or internal shell, or of the entire thickness of the bone. We have, however, so fully considered the nature and characters of necrosis of the long bones that I think we need not now devote much time to necrosis of the humerus in particular. When you feel the dead bone, and when you can pass your probe fairly behind the sequestrum, you will be warranted in extending the opening and making the attempt to remove it. Sometimes the opening is so fortunately placed that you will be able to take out the piece entire, but more commonly it

will require to be taken out in several pieces. Of course your mode of proceeding will vary much with the circumstances of the case.

The lower part of the humerus, just above the condyles, is frequently diseased in weakly and unhealthy children, in consequence of tuberculous deposit taking place in the cancellated structure, as we have seen occur in the head of the bone. This is sometimes complicated with a slight amount of necrosis, the bony structure being extensively softened and destroyed all around the sequestrum. Occasionally, so much is thus removed by ulceration that the bone appears quite perforated. All this may occur without any disease of the elbow-joint, or it may encroach so nearly on that part that, at last, the abscess of the bone opens into it, or, from its close proximity, it becomes secondarily affected. These cases, if the children have strength left to bear the operation, generally require amputation of the arm. The disease extends too high for any attempt to be made at removing the diseased parts alone.

The *elbow-joint* becomes diseased from various causes, such as sprain or other injury, cold, rheumatism, &c., and the morbid action may commence in the synovial membrane, or in the cartilage, or in the ends of the bones themselves. In course of time, however, as in the case of the other joints, several or all of these parts and structures become involved in the disease. At the commencement of the disease there are swelling, difficulty of motion, and heat in the joint; but after it has existed some time the ligaments are gradually disorganised, and the bones move laterally over one another in a very unnatural way. Thus, there is diminution of the normal motions of diseased ginglymoid joints, with an unusual degree of motion in a direction in which the healthy parts almost refuse to move. When the cartilage ulcerates, and the surface of the bone is thus bare, you feel a grating sensation when the joint is gently moved, and there is generally a collection of matter in the joint. The treatment of disease of the elbow will, of course, be based on the general principles which you have already been made acquainted with.

One of the most important points, and one which is often lost sight of, is the prevention of all movement in the affected joint. This may be done by wearing two lateral leather splints bent nearly at a right angle. They should be persevered in for some time after the cessation of pain and tenderness. At that time the hand may be partially used, as in writing, &c., but the elbow should still be kept in one position. If the inflammation have not advanced very far the apparatus of the joint will thus have time to recover itself completely; and the tendency to recurrence of diseased action, in a great measure, got over. If the case be more severe and the cartilage have begun to suffer; if there be abscess of the joint and discharge from several sinuses round the parts, then there is a better chance of obtaining what, under the circumstances, is the most desirable termination, namely, ankylosis of the elbow.

It may, however, happen that no ossific matter is thrown out; that, though pain is much lessened by the quiet state of the joint, the discharge continues, and begins to influence the health of the patient. Under such circumstances it becomes necessary to remove the diseased parts.

Now, the elbow-joint is remarkably well situated for the operation of resection. The soft parts, including the principal vessels and nerves, are on one aspect of the joint, and the bones are at one part close to the skin. Hence the necessary incisions are not deep, and the sacrifice of muscular fibres need not be great, in order to turn out the articulating ends of the humerus, ulna, and radius. The manner in which this may be most conveniently done I need not now stop to explain, as we shall at a future period of the course consider it in reference to the other operations on the upper extremity.

The operation of resection of the elbow-joint has been performed by several surgeons, with somewhat different degrees of success. Park, of Liverpool; Jeffrey, of Glasgow; Crampton, of Dublin, and my friend and former pupil and assistant, Syme, of Edinburgh, have published cases, and the last named surgeon has lately written a separate treatise on the operation. I have had recourse to the proceeding in six instances; one not long since in the hospital attached to this institution. On the whole, I think that it is a very good operation; and, if the cases are carefully selected, it is generally a very successful one. Nothing is so absurd as to take up an operation of this kind and attempt to form any idea of its usefulness by applying it to every case which may present itself. You should, on the contrary, weigh well the circumstances of each individual instance before you determine on resection in preference to amputation, or the contrary.

If there be disease of the soft parts of an extensive character in the neighbourhood of the joints; if the affection of the bones extend far from their articular extremities; or if the patient be in a state of such extreme weakness as to preclude the possibility of his being able to bear up against this severe operation, or the quantity of suppuration which follows it; in such cases you would probably be disappointed in the result of resection; and you would do well to amputate. If, on the contrary, the patient be still in tolerably good health, and the disease confined to the articular surfaces, you have the best prospects of a successful result. With regard to the soft parts you need not

attach much importance to the existence of several openings in the skin leading along narrow sinuses to the joint itself. These are only kept open by the discharge from the ulcers on the cartilage and bone, &c., they will close up as soon as this cause ceases to exist. Hence you saw, in the case I before alluded to, how the sinuses round the elbow healed up one by one without any particular treatment, after we had removed the diseased parts by operation.

After resection of the elbow the limb should be steadied by means of an angular splint so formed as to allow the wound to be easily dressed. The object is to obtain a kind of ligamentous union between the bones of the upper arm and forearm; and, therefore, as in ankylosis of the elbow, you should take care that the forearm, instead of being allowed to dangle uselessly by the side, should be fixed in a position likely to be the most convenient to the patient.

The position which I have already recommended is that of semiflexion; that is, not quite at a right angle. The splint should be worn for some months after the discharge has ceased; and you should not be over anxious to commence what is called passive motion. Indeed, in most cases some sort of support will always be required for the forearm, in order to give the necessary strength and steadiness to the motions of the wrist and hand.

The *radius* and *ulna* are frequently necrosed to a small extent in young subjects, the sequestrum or exfoliation being pretty easily removed when once loose. I have, however, seen nearly the whole length of the radius deprived of vitality. Where the sequestrum is large you will be forced to wait a long time, and will meet with some difficulty in removing it. It will probably be necessary to enlarge the opening in the living case, and divide the sequestrum itself, before you will effect it. Abscess, also, occasionally occurs in these bones, enlarging the whole bone considerably, and opening out the medullary canal. Superficial ulceration and caries is uncommon in the bones of the forearm.

The same cannot be said of the small bones of the hand entering into the formation of the wrist-joint. They are not unfrequently carious in consequence of ulceration of the cartilage covering them; and in these cases, unless great care be taken, swelling and abscess takes place about the whole hand, and the only chance for saving the patient's life is to remove the limb. By care and attention, however, ankylosis may be brought about. Splints may be used for this purpose, or the hand and wrist may be enveloped in lint spread with soap-cerate and camphor, and made firm and immoveable by strips of the ordinary adhesive plaster, brought round the parts and made to cross one another. In some cases I have been enabled to bring about a successful termination in caries of the carpal bones, by extending the openings and turning out the diseased parts with a scoop. In one instance nearly the whole of the os magnum was thus removed and a cure established. This, however, is a fortunate circumstance which cannot often be expected to occur.

THE

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BY

G. H. BARLOW, M.A., M.D.,
One of the Physicians to the Hospital.

How should the mind be tutored previously to entering upon the study of disease and the practice of medicine? Argument in favour of acquiring a knowledge of mechanics, and the other branches of natural philosophy. The "intermediate" science of chemistry, and its applications to medicine. Comparative anatomy. The cultivation of a logical faculty of mind, and the faculties of observation and attention.

After some preliminary remarks in which he stated that, however unfit he might otherwise feel himself for the task which had devolved upon him, he was supported by the sense that he was practically illustrating the principle that a medical man should no more allow himself to shrink from responsibilities than he should to avoid labour in the discharge of duty, the lecturer proceeded,—I know of no subject that could more fitly engage our attention during the present hour than that in which is involved the question, *How should the diligent preparation for the exercise of our profession be conducted?*

Were I asked for a *definition of medicine*, in its most comprehensive sense, I should reply that it is *the application of a knowledge of nature* to the *prevention and remedy of the diseases and injuries of the human frame*. If this definition be correct, it follows that the preparation of the mind for its exercise must necessarily resolve into two parts; the first or initial process, which consists in the acquisition of that knowledge, the sending the mind forth, as it were, into the wide field of the natural sciences to obtain new materials, and acquire fresh faculties, from every possible source; and the second, or conclusive process, which is, in some measure, the reverse of the first—a process of condensation and concentration; the bringing, in short, of all these materials and these faculties to a point upon that one principal matter which I trust that you

have already chosen as the worthy object of your most energetic pursuit.

Before proceeding to consider these two processes more in detail, it may be well, in the first place, to endeavour to remove a difficulty which meets us, as it were, *in limine*, by calling in question the expediency of the first stage in medical education to which I have alluded, or, at all events, by denying the necessity of carrying it out to any great extent. What need (say those who urge this objection) has the practical medical man of this cumbrous load of science? Why burden his memory with things not immediately applicable to the practice of his art? Why discourse to him of the laws of gravity, or of the mechanical powers, when he should be engaged in acquiring dexterity in the use of the scalpel? Why perplex his mind with chemical speculations, when he should be learning to compound medicines? Why bewilder him in the intricacies of comparative anatomy when he should be studying the anatomy of man? Why detain him with the study of physiology when he should be engaged in the observation of disease? And then, it may be, the objector points in derision to the blunders of a mere theorist, who is always assumed to be a man of science, and exultingly contrasts them with the successes of the practical man, who is as constantly assumed to be devoid of all knowledge save that of his own particular art.

But, granting that there is more truth in both these assumptions than will generally be found to exist, may it not have happened that the error in the former case has consisted not in the acquisition of science, but in the want of the habit of applying it? A man may, indeed, have possessed himself of the requisite implements, but may he not have omitted to make himself master of their use? One army may, indeed, have failed through want of skill in the use of their weapons; but would you, therefore, send another unarmed to the battle? Let the mutual dependence of the two processes which I have described be kept steadily in view. Let it always be remembered that if the latter be left unfinished, the former can be of no avail, and that if the former be not resolutely undertaken, the latter can never be completed; and, above all, let care be taken that professional education be never interrupted, as is too often the case, just at the juncture of the initial and conclusive part, or before the latter is completed; and we need trouble ourselves but little with the controversy between the advocate of a scientific course of education and the upholder of mere empirical skill. What was the opinion expressed by one of the most eminently practical minds of the age, concerning the expediency of literary and scientific acquirements preparatory to entering a profession in which their advantage is less obvious by far than in ours? "Tell John," said the Duke of Wellington, in writing of a young man in training for the army, "that we are fallen upon times when the man who reads nothing will be nothing, and that those who do not write will be hewers of wood and drawers of water to those who do."

I now proceed to lay before you rather a hasty summary of the sciences from whence your knowledge is to be derived. It should, however, here be observed that I shall confine myself strictly to those sciences which have in some of their branches a direct applicability to the right understanding of the structure of the human frame, and which may consequently be made available in repairing the injuries which it may have sustained, in preventing the derangements to which it is liable, and in rectifying them when they have occurred. Far be it, indeed, from me to throw disparagement upon those literary acquirements, or that acquaintance with the pure sciences, with which I trust that your previous education has furnished you, and the advantages of which you will many of you remember to have heard a year ago so ably and eloquently urged by one of my colleagues that I need now do no more than thus briefly allude to them.

Now, I need hardly tell you that this human frame, a correct understanding of which is to be a leading object of your pursuit, is, in fact, a most intricate machine, one in which are to be found the most exquisite combinations of cords and pulleys for applying and directing force; of levers for increasing power or multiplying velocity; of columns and arches for supporting weights and resisting violence; through which, too, there is distributed a most perfect hydraulic apparatus for conveying the nutrient fluid to its various parts; and to all which there are superadded, the most admirable optic and acoustic instruments. But, placed as he is upon the surface of this planet, we find man preserved in his position here by a force which acts upon him as upon the masses of brute matter with which he is on all sides surrounded. That force of gravity which maintains the equilibrium of the arch, whilst it gives motion to the stream that flows beneath it,—which retains the ocean in its bed, whilst it balances the navies that float upon its surface,—which determines the fall of a leaf whilst it guides the moon in her path,—which governs the earth in its annual journey round the sun, whilst it enables the sun itself to maintain its position in the centre of our system—this gravity is a force, the increase or diminution of which would be as destructive of the comfort and safety of man as subversive of the order of the universe. In the words of a late distinguished physiologist, "a man can walk, run, leap, and spring, because the texture of his frame, the strength and power of his limbs, and the specific gravity of his body, are in relation to all around him. But, were the atmosphere

lighter, the earth larger, or its attraction more; and were he, in short, an inhabitant of another planet, there would be no correspondence between the strength, gravity, and muscular power of his body and the elements around him, and the balance in the chances of life would be destroyed."

You see, then, that the science of mechanics (in which I include not merely the simpler principles of statics, but also those more comprehensive dynamical laws, the application of which is fully developed only in the mechanism of the universe) is capable of throwing much light upon the condition and circumstances of that piece of machinery with which you have to do. But besides this, a knowledge of mechanics, in the more ordinary acceptation of the term, will be of frequent service to almost every one of you; to those more especially who aspire to eminence as operating surgeons. "Every surgeon ought to be a mechanic," was a favourite aphorism of a late distinguished surgeon, of which you will find abundant illustration in our accident-ward, and in confirmation of which I might appeal to the mechanical contrivances which were lately employed with success when the life of a celebrated engineer was in jeopardy.

Let us, however, turn our attention to other branches of natural philosophy. Heat, the deficiency of which converts the heaving ocean into the solid iceberg, and the addition of which changes the hard iron into a yielding liquid, and the variations of which give rise to the wind, and the rain, and the dew, is not only an important agent in the production of vital phenomena, but is also a frequent cause of disease, and may be made available as a valuable remedial agent; so that, independently of its physiological agency, it is important that you should be familiar with the laws which regulate its production and transmission.

There is not, I presume, one among you who requires to be told that the eye is an admirable optic instrument, in which bodies of different refracting powers are adjusted with as much evidence of design, and with a far more admirable result than ever was displayed in the most perfect microscope, or the most powerful telescope. Nay, it was from the contemplation of this very eye that the first achromatic lens was constructed. I cannot, therefore, suppose that any one of you would submit to be taught the anatomy of the eye, and remain in ignorance of those principles which explain the uses of its different parts. But, besides this, light is an agent of no small importance in many physiological processes which you will be required to understand, and modifies many chemical phenomena which you may be called upon to explain. Not only, then, will a knowledge of the principles of optics be of real service to you, both in the study and the practice of your profession, but an ignorance of them may expose you to failure, and perhaps to ridicule.

Again. Who would wish to be taught the names and uses of the different parts of that miracle of nature, the ear, and yet know nothing of those laws by virtue of which it is so admirably fitted for the reception and transmission of the vibrations upon which depend the phenomena of sound. The art of auscultation, too, consists in the application of certain acoustic principles to the investigation of the physical changes induced by disease; so that, without some acquaintance with those laws, it will be impossible to avail ourselves of many signs which, if duly appreciated, will give us the greatest assistance in forming our diagnosis; and I am convinced that much confusion has arisen, and much discredit been often cast upon that, on many occasions, indispensable instrument, the stethoscope, through ignorance, upon the part of the auscultator, of those laws of sound, a knowledge of which would have enabled him correctly to interpret the signs with which the instrument had furnished him.

These are but comparatively few of the instances in which the physical sciences are available towards a correct knowledge of the human frame, whether in health or in disease. I trust, however, that they are sufficient to prove, not only that there is a connection between natural philosophy and medicine, but also that the former is directly applicable to the latter.

Now, the science which seems to hold an intermediate place between those which treat of inorganic substances and those which have to do with vital actions, is *Chemistry*. An acquaintance with that department of knowledge is so generally required of the medical student, that it may appear needless for me to detain you whilst I dwell upon its importance; but although all students are in a manner compelled to learn, or, rather, to "get up," a certain quantity of chemistry, I fear that many regard it too much as a matter of compulsion, and console themselves for being obliged to learn it by the determination to forget it as speedily as possible. This, I think, often arises from their not appreciating the immense advantages which chemistry is capable of affording them, both in the acquisition of a correct theoretical knowledge of their profession, and in practising it with precision.

It is not only for the obvious purposes of enabling him to combine medicines without destroying their properties, and to test the quality of those supplied by the druggist, that a knowledge of chemistry is necessary to the medical man; for it is now ascertained that many of the functions of the body, those especially of secretion and assimilation, bear a close resemblance (a resemblance in some cases amounting almost to identity) to many chemical processes; so

that you will be utterly unable to entertain the least conception of their nature, or form any estimate of their deviation from the healthy state, if ignorant of organic chemistry; whereas, a knowledge of its laws will not only afford you important aid in your pathological inquiries, but will often furnish you with valuable indications for treatment.

What advances, for instance, in the pathology of the liver and the kidneys have been made since chemical analysis has been employed in the examination of the blood and the secreted fluids! Indeed, the application of chemistry to the investigation of the diseases of the secreting organs, has,—like that of auscultation to those of the organs of respiration and circulation,—given, not only a precision to our diagnosis, but a distinctness to our ideas, and an accuracy to our reasoning respecting them, which we could never have attained without such aid; and with, perhaps, this further benefit, that it has afforded us the means of frequently detecting derangements which are merely functional, and so enabled us to guard against structural lesion; whereas, auscultation is, for the most part, conversant only with those physical changes which are the consequences of morbid action.

There is, however, another application of chemistry to the duties of a medical man, which ought by no means to be lost sight of. Any one of you may hereafter be called upon to say, and that, too, upon your oath, in a court of justice, whether a poison is or is not present in some articles of food, or in the stomach or intestines of an individual whose death may have become the subject of a legal inquiry; and I need hardly remind you that upon such an occasion not only will your own reputation be deeply concerned in the manner in which you acquit yourself, but also the life of a fellow-creature may be placed at stake, upon the one hand, and, upon the other, the carrying out of those ends of justice upon the maintenance of which depend the security and property of the whole community. And let me further warn you that upon an occasion of this kind, one of the most trying, perhaps, in the whole life of a medical man, a mere superficial knowledge will avail you nothing; and the art, serviceable, no doubt, to the impudent pretender, of parading what knowledge he possesses in order to conceal his ignorance upon points on which he is expected to be correctly informed, will be worse than useless. You will have to do with those, either on the one side or the other, who will be anxious to make your ignorance, should such unfortunately exist, apparent, and who will generally be found to possess the art of so doing.

Having thus briefly noticed those sciences which have reference to inorganic substances, I proceed to speak, even more briefly, of those which treat of organised beings; and in so doing I would observe that I follow the order of nature, in which we find the "advance made to a higher grade of being, by addition rather than by change." To chemical affinity the power of assimilation is added, and we have organised life, in its simplest form, manifested in the vegetable kingdom; thus you are introduced to the study of botany, in which I include also vegetable physiology.

The simple circumstance of its thus presenting you with the rudiment of life, if I may be allowed the expression, is in itself sufficient to show the connection between botany and those sciences which have to do with life in its most complicated and perfect manifestations. And, besides this, the vegetable kingdom is the great laboratory in which food is prepared for the animal; for we know of no member of the latter whose nourishment is not derived from the former, either directly, as in the case of the vegetable feeders, or through other animals, as in the carnivora, and as a large proportion of the food of the human species is supplied from that kingdom, some acquaintance with its different classes seems essential to an accurate knowledge of dietetics.

A great number, too, of the articles of the materia medica are supplied from the same source; and though I would not recommend that a practitioner in the country should spend his time in "the culling of simples," still there are many plants which he might do well to study for the purposes of his dispensary, as, for instance, the digitalis, the dulcamara, the colchicum, and the taraxacum. The organised life in vegetables is, however, set in motion by external causes; but to this we find the nervous matter added in the animal, and organic life proceeds, still unconsciously, but by means of a power acting within the body. This simplest kind of animal life is possessed by the passive and motionless zoophyte as much as by man. Pursuing, then, the path of comparative anatomy, we find, as we ascend in the scale of animated beings, fresh and fresh powers superadded; nerves of sensation and voluntary motion are added to those of organic life, and with them the organs of locomotion; then the hemispheres of the brain are developed, and with them contrivance and adaptation of the means to the end. "Finally, a fresh *force* is added, not superseding but availing itself of the rest, and man stands forth,"* participating with the inferior orders of creation in the faculties of organic and animal life, but endued moreover with a reasonable soul, able to discern between good and evil, and by it rendered responsible to his God, and capable of holding converse with him.

When you have, by these steps, attained a

* *Vide* Little Book on Great Subjects, No. 3, p. 7.

knowledge of the functions and powers of the animal frame, and of the different agencies by which it is liable to be affected, provided you have also, by the diligent prosecution of anatomy, rendered yourselves accurately acquainted with the different parts of that frame, and seen it displayed in its intimate structure by the aid of the microscope, then, and not till then, will you be furnished by the natural sciences with that stock of ideas which is necessary before you enter upon their application to their ultimate object.

But, as I said before, the acquisition and cultivation of faculties is as essential in the initial process of your education as that of ideas or knowledge.

Let us then retrace our steps for a little, whilst we inquire what faculties, available to the object we have in view, the mind may have acquired in its progress through the path which has just been traced out; or, in other words, what intellectual faculties, essential in the formation of the medical character, may be gained by the cultivation of those sciences of which I have been speaking. Now, if I were asked, and it is a question which you would do well sometimes to ask yourselves, "What is a good medical man?" I should reply that (setting aside skill in surgical manipulation, which can evidently be acquired only by careful and diligent dissection) he is one who applies a logical mind to accurate observation of disease, and who exercises these faculties under the control of a high sense of duty.

The inquiry then arises, *How is a logical mind to be acquired?* I believe that it is little more than a truism to assert that it is to be obtained by continually exercising the intellect in severe reasoning. And I know not what better or more invigorating exercise of this kind is to be found than the habituating the mind to those strictly mathematical arguments upon which rest the principles of the physical sciences. Now, it needs but little acquaintance with the literature of our profession to discover the tendency which exists in medical authors to assign, as the causes of morbid phenomena, circumstances which either have no existence at all, or are utterly inadequate to produce the effects ascribed to them. The instances of this are so numerous that we need be at no loss for an example. One of the most notorious, perhaps, is the well-known doctrine of Broussais, which ascribed all continued fevers to ulceration of the mucous membrane of the ileum, because it was frequently found in those who died of fever of this character; whereas it has since been ascertained, more especially in this country, that such ulceration may exist without producing continued fever at all; and also that such fever may run even a fatal course without any marks of ulceration being found in the intestines. How different from this was the process of careful induction by which the law of the force of gravity was ascertained! When, in order to test the truth of that law, it had been applied to the orbit of the moon, and, owing to an erroneous measurement of the earth, the result of the calculations did not tally with the reality, the great discoverer, with more than Roman magnanimity, at once gave up that most tempting prize to a philosopher, a comprehensive generalisation; and it was not until several years afterwards, when a correct measurement of the earth had been made, that Newton resumed those calculations which, in bringing to light the system of the universe, established his claim to the proud title of the conqueror, in science.

A mind disciplined in such rigid induction would have been little liable to be led astray, as too many were, by the loose generalisation of Broussais.

A man may, however, be well skilled in abstract and mathematical reasoning and, yet want that second element which I have named as essential to the medical character, namely, accurate observation. How, then, is this faculty to be acquired? Now, although it may, no doubt, be cultivated and improved at the bedside of the patient, it must be gained elsewhere. Upon your admission to the wards of this, the largest hospital in Britain, an immense opportunity will, indeed, be opened to you, but that opportunity will profit you little if you fail to make yourselves familiar, not only with the leading symptoms of each disease, but with that combination of symptoms the estimation of which collectively is indispensable to your recognising any with certainty; or, if you are unable to appreciate those nice shades of difference, which will enable you to distinguish one disease from another, or the same disease from itself in its different stages. But, believe me, gentlemen, this is no easy matter, and one in which you will most assuredly fail unless you bring a habit of accurate observation, *ready formed*, to the task. If, in short, you expect *to acquire* this faculty at the bedside of the patient, you will, I fear, discover too late that the time allotted to clinical studies is passing rapidly away before you have even learned to learn.

Now, if I mistake not, chemistry and botany are eminently fitted to render the observation accurate. An instance of this, in regard to chemistry, was lately mentioned to me by a friend:—"A gentleman of rank," said the narrator, "told a friend of mine that he suspected that the water he drank did not agree with him, although drawn from one of the most celebrated pumps in the west end of London. The water, I should observe, had no smell, and tasted fresh and pure. My friend immediately sought for lead in the water but could detect no trace of it. The usual tests were tried,

and nothing was discovered beyond the ordinary impurities of London water, and sulphate of lime. A report to this effect was accordingly about to be given to the gentleman, and the matter considered as disposed of. Just, however, as the vessels were about to be emptied, one of the first chemists of the day came into the laboratory. Having heard what had been done, he said, 'Stop one moment; drop a little muriatic acid into that evaporated water. Now stir in it a morsel of gold leaf, and see if it dissolves.' *It did dissolve.* 'Then,' said he, 'ascertain, without causing any unnecessary alarm, whether a drain does not leak into the well of the pump from which the water was taken, and search for nitrate; and let the gentleman be directed to ask his medical adviser whether it may not be possible that nitrates disagree specifically with him.' Nitrate of lime was found. It was also discovered that an unsuspected sewer passed close to the pump, and the gentleman on whose behalf the investigation was made knew, of his own personal experience, that nitrate of potass had always produced distressing symptoms." Now, I do not mention this as an instance of extraordinary chemical knowledge, for the merest tyro knows that the nitro-muriatic acid is a solvent for gold, and that nitrate of lime is frequently generated in drains and sewers, but I do mention it as a proof of the diligent accuracy which the study of the experimental sciences produces in the mind.

Again; the study of botany consists essentially in the accurate observation of minute points of difference. How close, in many respects, is the resemblance between a cactus and some of the euphorbiaceæ; and yet the former is innocuous, the latter are irritant poisons.

But not only have these sciences the advantage of cultivating individually that particular faculty which is more especially exercised upon each; but what is, perhaps, more than all, they will strengthen within you, or rather confer upon you, that power of active attention to the subject upon which your minds should be engaged, which, I will venture, without fear of controversy, to affirm to be the germ of true excellence in any art or science whatever. "In the pursuit of science," to use the words of Dr. Aberbrombie, "this habit of the mind leads to sound knowledge and correct conclusions. In the affairs of ordinary life it is the source of promptitude. United to discretion and prudence, in the highest concerns of man, as a moral being, it brings him under the due influence of those important truths which are calculated to guide and regulate his motives, and his whole character and conduct in life. Such is the power of the habit of attention that it is not saying too much of it to affirm that it lies at the foundation of the whole character."

I think, then, that enough has been said to make it apparent that that course of study which I have been recommending as furnishing you with knowledge immediately applicable to your profession, will also prove of as great or even greater service indirectly by elaborating those faculties which will not only be essential to your acquiring a really sound knowledge of that profession, but will also give you an incalculable advantage in its practice. Just as while, by diligent and repeated dissection, you will, I trust, become thoroughly conversant with the descriptive anatomy of the human body, you will, at the same time, be acquiring that dexterity in the use of the scalpel which will hereafter be necessary, on many occasions, in order that you may turn that knowledge to account.*

THE

SYMPTOMS, PATHOLOGY, CAUSES, AND TREATMENT

OF

SPERMATORRHŒA.

To the Editor of THE LANCET.

SIR,—Should you consider the following observations on *spermatorrhœa* possessing sufficient interest, perhaps you will do me the favour of inserting them in your valuable and widely-circulated Journal. I am, Sir, your obedient servant,

GEORGE N. DANGERFIELD, M.D.,
M.R.C.S.L.

Newport, Monmouthshire,
Oct. 23, 1843.

Involuntary discharge of the seminal fluid has attracted more or less the attention of medical writers from the time of Hippocrates downwards; but, unfortunately, of late, particularly in this country, this important and distressing affection has been almost exclusively consigned to the treatment of that mass of unprincipled and advertising pretenders, whose disgusting appeals for public sympathy and support are a disgrace to the English nation. We may ask ourselves who have been the cause? Doubtless the medical profession at large, but glad are we to see that a subject of such deep interest to society is now being submitted to honest and scientific investigation; and we cannot withhold a tribute which we believe is due to Lallemand for directing our attention to many points most essential both in the diag-

* We divide our report of this lecture at this place,—a natural division of the address occurring here,—and intend to publish the remaining half next week, the whole discourse requiring more space for its insertion than we are able to devote to it in one number.—ED. L.

nosis and the treatment of the affection. The following symptoms characterise the disease,—not that they are to be attributed exclusively to it, as every man of experience must have observed many of them in certain rare affections of the nervous system. Generally, however, I believe, on minute investigation they will be found to have had their origin in sexual abuse or derangement.

Symptoms.

When the disease is in its early stages the patient complains of weakness, restlessness, and listlessness; his manners are shy and nervous, with a remarkable air of timidity, and indisposition to answer questions; his complexion is generally pale, slightly emaciated, sometimes haggard and care-worn, exhibiting little or no interest in persons or things which formerly claimed his anxious attention and solicitude; he has disrelish for society; gradual loss of memory; dull pain and feeling of weakness, especially in the loins and lower extremities; fatigue on the least exertion; constipation; and a marked reserve as to the origin of his ailments. On further investigation the physician will find that he has been afflicted for some time with seminal emissions during sleep, accompanied by libidinous dreams and some slight pleasurable sensation; these emissions soon occur, with diminished erections of the penis and decreased pleasure, and ultimately the nocturnal discharges increase in frequency and abundance, without erection or pleasurable sensation at all. If an attempt be made at sexual intercourse the emission becomes more and more hurried, so that after a time the mere contact or sight of a female will produce it, and the following additional symptoms invariably soon make their appearance:—The disrelish for society increases; dyspeptic symptoms become more evident; inexplicable pains in all parts of the body; the mind more enfeebled and incapable of attention; the memory more fallacious; the disposition more morose; a general sadness, even to tears, upon trivial occasions. The aspect becomes dejected; the patient rarely raises his eyes from the ground, even when addressed: conscious of his wretched condition, and fearing discovery, he prefers solitude, and in many cases will not acknowledge his affliction, even on the repeated inquiries of the physician. The tendency to constipation generally increases with the disease; the urine is passed more frequently; the genital organs decrease in size, and denote feebleness; the testicles hang pendulous in the scrotum, which is void of rugæ; erections after a time cease altogether, the most exciting positions failing to produce them, or, if produced, are of so transient a nature that the act cannot be consummated; debility and loss of flesh increase; severe headach, giddiness, cough, and palpitation, are added to the catalogue of symptoms; and the patient frequently wishing for death, without the courage to destroy himself, exposes himself to dangers avoided by other men, trusting that chance will accomplish that which he has not the daring although the desire to effect. At length epilepsy, catalepsy, mania, or some other disease of the nervous system, makes its appearance, and the patient is relieved from his horrid state of existence by a premature death, the cause of which had frequently been entirely overlooked by his unsuspecting physician.

We are not to suppose, however, that all cases present the foregoing symptoms; frequently the nocturnal emissions cease altogether, or become less frequent, and the patient flatters himself his disease is removed; his weakness, however, gradually progressing, the physician suspects the cause and directs his attention to his urine, when he discovers that the nocturnal emissions have disappeared only to assume the character of diurnal pollutions. In this case, on examining the urine when fresh in the chamber-utensil, he will find it frequently contains a starchlike liquid, or brilliant granules, occupying or constituting the lower stratum of the contents of the vessel, and moveable with the slightest motion (while mucus, on the contrary, remains somewhat adherent), the urine at the same time evolving a nauseous odour. On directing his attention to this at the time of micturition he will generally observe the turbidness is only towards the end of the discharge,—in fact, frequently during the last expulsive efforts to empty the bladder; and by placing his finger at the orifice of the urethra he will find it moistened by a slimy substance, which, being collected on a bit of glass and placed under a microscope, the presence of spermatozoa will decide the question beyond all doubt, no other secretion containing them.* At all times, however, they are not visible without dilution. From notes taken by myself at Lallemand's *clinique*, I find he says,—"The semen requires to be mixed with a little water before the animalculæ become visible under the microscope, and sometimes half an hour must elapse before the fluid is of the right density; if too much time be lost, on the other hand, they again become invisible." The animalculæ depend upon the health of the individual for their consistence; hence we find them thin and transparent in weak and debilitated subjects, and when disease has been of very long standing those even found in the vas deferens are changed in form, being oval, and, to use Lallemand's expression, "void of tails."

When you suspect seminal fluid in the urine the turbid part should be filtered, and

* For a representation of healthy human zoospermata see Wagner's Physiology, translated by Dr. Willis.

a piece of the lowest part of the filter-paper cut out, and placed in a watch-glass, containing water, for twenty-four hours; the animalculæ will mix with the water, and a little placed under the microscope will decide the question. The turbid state of the urine towards the end of micturition, caused by the semen, however, cannot easily be confounded with opacity of the urine, caused by disease of either the bladder or urethra, because when the former is affected the whole of the urine presents nearly the same appearance, while diseases of the latter only render turbid the first part; so that when the first part of the urine is clear, and the last part only accompanied by an albumen-like matter, diurnal emissions may be with confidence diagnosticated. We have before mentioned constipation as an invariable accompaniment of spermatorrhœa, and frequently, when no evidence of the affection is given by the act of micturition, the expulsion of the fæces will disclose the nature of the malady. The patient will observe a slimy discharge from the urethra during the efforts made to expel the contents of the rectum; in other cases the semen, although expelled by the vesiculæ seminales, is not immediately emitted, but allowed to remain in the urethra, from which it escapes generally when the patient is readjusting his clothes; so that, in fact, the same loss of the seminal fluid takes place, which may easily be proved by the aid of the microscope. The foregoing is a description, doubtless, of an extreme case, but in symptomatology such is imperative,—generally, however, we are consulted in the earlier stages, and few of the desperate cases recorded by Lallemand, we may flatter ourselves, are seen in country.

Morbid Anatomy.

In noticing the pathological appearances which have been observed in fatal cases of spermatorrhœa, we must borrow from foreign authors, as few records are to be found in the writings of our own. I shall give Lallemand's experience on this point, because I have myself had opportunities of verifying much of it under his superintendance.

1. Testicles.—Generally white, soft, and more or less diminished in size.

2. Vasa deferentia.—Tortuosity of these vessels, and dilatation into pouches.

3. Vesiculæ seminales.—Thickened, in some cases filled with pus; in others with tubercular matter, and elaborated semen; their lining membrane is sometimes found dark, ulcerated, and sloughy.

4. Seminal ducts.—Dilatation of the orifices, with erosion and ulceration; the ducts themselves, in some cases, cartilaginous or ossified, in others dilated and separated from the structure of the prostate, the latter being in a state of suppuration.

Causes.

To simplify the subject as much as possible we will consider, first, the exciting cause, and see how far we can trace it to inflammation or irritation of the seminal organs, or prostatic portion of the urethra; and next the other causes, either of a mechanical nature, or operating sympathetically. On reviewing the morbid anatomy in conjunction with the symptoms, we see from the alteration of structure, &c., that inflammation in these cases must have been the cause of the disease; and when we reflect upon the structure of the parts concerned we can easily imagine how a state of chronic inflammation, or, at least, irritation of the mucous membrane of the urethra, especially at the prostatic portion, appears to be the most common cause of involuntary seminal discharges.

The causes producing this condition of the genito-urinary mucous membrane above described may be various, but we believe the most frequent are, irritation caused by masturbation; inordinate coition; gonorrhœa; simple blennorrhagia; phymosis; chronic eruptions on the prepuce, glands, &c.; strictures of the urethra, &c. These, however different in themselves, concur in one mode of operation to produce the effect; that is, in exciting a morbid state of the prostatic mucous membrane, extension of that state to the ejaculatory ducts and seminal vesicles, and hence involuntary spermatic discharges. We know a mixed state of debility and irritability, or increased sensibility to ordinary stimuli, to be the effect of chronic inflammation of mucous membranes, as instanced in chronic inflammation of the stomach, bladder, &c. (according to the well-known laws of nervous sympathy), causing those organs to eject their contents, which in a healthy state they would retain without being sensible of their presence. Precisely in the same pathological manner may we suppose a chronic irritation of the mucous membrane of the prostatic portion of the urethra, and the ejaculatory ducts and seminal vesicles, to give rise to involuntary spermatic discharges. Admitting, then, that such is the case (and I am led to this conclusion, also, from the fact, that in most cases of spermatorrhœa the passage of a bougie is attended with the greatest pain, and I have seen cases in which the morbid sensibility of the prostatic portion of the urethra has been such that I was obliged to desist from the attempt altogether), we may next inquire how such a state of chronic irritation or inflammation is produced? Lallemand almost invariably attributes it to masturbation, and in the climate in which he resides such propensities we believe to be much more common than in this country; for there is scarcely a school, either in the south of France or Italy, in which this horrid and disgusting practice is

not indulged in to an incredible extent. We can readily imagine how a constantly-excited state of the organs of generation, either in the natural or in an unnatural manner, especially the latter, may produce the state of the urethra described; and we find most of the cases recorded by Lallemand * and Mr. Phillips † traceable to this cause. An organ thus irritated increases in sensibility, and is excited to its peculiar action by the slightest stimulus; a less quantity of semen than in a healthy state suffices to produce in the commencement energetic desires; these being gratified either in a natural or unnatural manner, the morbid action increases; nocturnal pollutions soon follow, and even diurnal, that is, emissions, take place when the patient strains at stool or voids his urine, when he takes the exercise of riding, or in severe cases, when he simply indulges in lascivious ideas. Inordinate coitus, although in rare instances, as I have myself witnessed in young married men, when there must have been a predisposition, has been the proximate cause. The mechanical irritation from without, combined with the frequent and violent contraction of the ejaculatory ducts and seminal vesiculæ, are sufficient to account for the effect, as we know that organs discharging their contents on mucous membranes, and having a continuance of the same ramifying in their cavities, under frequent stimulation suffer hyperæmic tumefaction, increased vascularity and irritability; is it, therefore, unreasonable to suppose that the same effects will be produced by the same cause in the parts in question?

The manner in which blennorrhagic or gonorrhœal inflammation leads to involuntary seminal discharges is too obvious to require many remarks: these depending upon inflammation of the mucous membrane of the urethra, we have only to suppose it passed into a chronic stage, and the induction of morbid sensibility in the urethra, ejaculatory ducts, and vesiculæ seminales, to have the principal condition upon which spermatorrhœa depends. I have stated phymosis as a cause of these emissions; this, I believe, acts by producing (from the irritation kept up by the accumulation of acrid sebaceous matter between the glands and prepuce) irritation, if not inflammation, in the urethra, the extension of which is the cause of the disease; or, as Lallemand supposes, by keeping up a constant irritation of the part, it leads to the practice of onanism, which as before stated is the most frequent cause of the malady. I am led to this conclusion by the fact of having seen severe cases of spermatorrhœa cured by Lallemand, by the removal of the prepuce alone.

Severe chronic eruptions, by extending up the urethra, give rise in some instances to the affection, as also disease of the prostate gland, either idiopathic, or as the result of blennorrhagic or gonorrhœal inflammation; in some severe cases the gland has suppurated, the mucous membrane through which the ducts open into the urethra has become ulcerated, the small sphincters at the mouths of the ejaculatory ducts have been eroded and destroyed; hence have arisen seminal incontinence and constant escape of the fluid. In other cases, again, the orifices of the vesicular canals become tumefied, &c., so as to preclude the vesiculæ acting as receptacles for the semen, which accordingly accumulating in the vasa deferentia and ejaculatory ducts, is frequently expelled by the slightest action of the perineal and ejaculatory muscles. Other affections of the vesiculæ may produce the same effect, but the limits of this essay will not allow us to enter upon them.

Again; morbid affections of the bladder frequently give rise to the affection. Lallemand has justly remarked, that morbid irritability of the bladder is frequently accompanied by a similar state of the spermatic passages, and that the morbid predisposition which prevails in the one usually characterises the other. He also remarks, that those children who in infancy are affected with irritability of the bladder, are in after life exceedingly prone to an analogous irritability of the spermatic organs, and spermatorrhœa occurring in such persons he has found more difficult to cure. Seminal emissions are sometimes caused by calculi in the bladder, either giving rise to chronic inflammation or exciting irregular and spasmodic action in the perineal and ejaculatory muscles. Another cause of pollution is stricture of the urethra; this, we believe, acts principally by producing dilatation and consequent loss of tone of the ejaculatory ducts, so that in the violent expulsive efforts to empty the bladder or rectum, the contents of the vesiculæ are discharged also. We sometimes find that the semen in these cases is not discharged from the urethra, but regurgitates into the bladder, mixes with the urine, and is discharged with it. M. Petit* (whose description has been copied by Sauvages) gives a case of this kind.

Affections of the anus and rectum next claim our attention, as giving rise to involuntary spermatic discharges; they are hæmorrhoids, fissures of the anus, the presence of ascarides in the rectum, strictures of the rectum, and chronic diarrhœa. These may operate in two ways, either by producing involuntary spasms of the perineal muscles, and muscles concerned in the act of emission, or by exciting irritation or inflammation

* Des Pertes Seminales Involuntaires. Paris, 1839.

† Medical Gazette, May, 1843.

* Mémoires de l'Academie de Chirurgie, tome i., p. 434.

first in the anterior wall of the rectum, and hence to the urethra and vesiculæ seminales. Hypospadias, hernia, and varicocele have been stated to give rise to this affection,—the first from the congenital largeness of the urethra and orifices of the ejaculatory ducts, the two last from a reflex nervous action, by which the muscles of the perineum and penis are excited into sympathetic movement.

Certain affections of the cerebellum and spinal cord also occasionally give rise to involuntary emissions, but these we must leave for another opportunity. Although I have stated my belief that involuntary seminal emissions are generally produced by irritation or inflammation of the prostatic portion of the urethra, I do not for a moment intend to assume that they cannot arise from other causes, for I believe I have seen in practice cases entirely independent of this cause, and arising from an apparent predisposition to debility and feebleness of the genital organs, which have suffered injury from very trifling excitement; thus denoting a want of tone of the nervous system in general, but particularly in that portion distributed to the genito-urinary organs. Lallemand gives, as indications of this predisposition, congenital phymosis, hernia, varicocele, and incontinence of urine, and, as far as my observation goes, he is correct. We find, also, in his clinical lectures he says, —"Prolonged continence is followed by spermatorrhœa and impotence in almost all cases. I have come to this conclusion from observation in private practice in a set of men who, by religious obligations, are prevented sexual intercourse; the system is at first relieved by nocturnal emissions, but which, by a kind of habit, frequently change for diurnal losses." How far this is correct I have had no opportunity of judging.

We are not to conclude, however, from these observations, that all nocturnal emissions are to be looked upon as morbid. After the age of puberty, more especially if sexual intercourse has been indulged in, and from some cause the individual is induced to lead a life of continence, it is no more than natural that occasional relief to the embarrassed organs should be effected by the discharge of their superabundant secretion; hence, under such circumstances, in robust persons, this must be looked upon as an effort of nature, having a salutary rather than an injurious tendency, and consequently requires no comment. Having taken in review, as far as due limits will permit, the causes, symptoms, and morbid anatomy of the disease, we now come to the

Treatment.

Throwing aside all the nostrums which disgrace the public journals of our day, we will endeavour to treat the disease upon rational principles, taking the causes separately, as far as our experience will allow us, trusting the present spirit of honourable investigation will, ere long, add link after link to that chain, which we must acknowledge at the present time is far from complete. In the first place, then, where any of the morbid phenomena we have described depends simply on the practice of masturbation, and which we believe is most commonly the case, particularly in the early stages, however much it may be disavowed by the patient, it is at once evident that the abandonment of this vicious practice is the only rational road to recovery. The same remark will apply to excessive coitus, but where the pollutions have become excessive, either with or without the patient's knowledge, we may generally conclude that a state of the urethra is produced which requires particular attention; and from my observation, cauterisation of the prostatic portion of the urethra has, especially in the hands of Lallemand, been the most successful practice.

The best method of effecting this is by means of Lallemand's instrument, which may be had of Mr. Weiss; it consists of a curved or straight platinum canula, or tube, about the size of a middle-sized catheter, through which works a metallic caustic-holder, grooved at the further extremity for about an inch, to contain the caustic; the nitrate of silver should be powdered, placed in the groove, and fused over a spirit-lamp; by this means it becomes so fixed that escape is next to impossible; at the other end of the instrument there is a sliding screw, or stop, which enables the operator to limit the protrusion of the caustic-holder from the canula; another sliding stop attached to the canula serves to prevent the instrument passing further into the canal than the part to be cauterised, which should be fixed upon by the operator beforehand. The patient should be placed upon a bed in the position for passing a catheter; the instrument, previously oiled, introduced to the prostatic portion; the caustic-holder projected from the canula and applied from the neck of the bladder to the membranous portion of the urethra, but particularly to the inferior surface, being the part where the orifices of the ejaculatory ducts are situated; and it is well to follow up the operation by a hip-bath and laxative enema. Many fears have been expressed relative to the evil consequences of applying caustic to the urethra; as far as my own experience goes, I have never found any ill effects arise, and my observation has been rather extensive in the wards of the Hospital of St. Eloi, at Montpellier, and elsewhere. I certainly remember, on one occasion, rather severe symptoms of inflammation following the operation, requiring leeches to the perineum, emollient cataplasms, and hip-bath; but I believe the simple administration of a laxative enema, with twenty minutes in the hip-bath, will generally

prevent any such consequences following the operation.

I have frequently seen cases cured by one cauterisation, and think, as Lallemand justly observes, there is no means which so effectually removes the irritation, debility, excessive sensibility, and want of tone of the spermatic organs which prevail in this affection; for in destroying the surface of the engorged tissues it produces a contraction of the parts, gives them new energy, and restores them to the due performance of their wonted healthy functions. With cauterisation I have generally found a hemlock-poultice to the perineum, or a compress wetted with cold water, constantly applied, and occasional clysters of the same, of essential service, together with mild laxatives, country air, and gentle exercise; sometimes small doses of cubebs, with a few drops of tincture of opium, are of service. In all cases a total abandonment of all species of abuse, and, at least, a temporary disuse of coition, be absolutely to be enforced.

When the cause has been blennorrhagic or gonorrhœal inflammation, the prostatic portion of the urethra is frequently more severely diseased and the gland enlarged; hence there is considerable tenderness on pressure in that region. In this case leeches applied over the seat of tenderness, followed by blisters and counter-irritants previously to cauterisation, will be advisable. Where the affection is traceable to congenital phymosis, in many cases no permanent relief will be attained without excision of the prepuce, from the impossibility of removing the acrid discharges producing the irritation. In some cases, however, the end may be attained by warm water frequently injected between the prepuce and the gland by means of a long pointed syringe, and I have found a weak solution of diacetate of lead well answer this purpose. I have seen some cases which had resisted various injections and other means, immediately cured by excision of the prepuce.

When the bladder is the seat of chronic inflammation this should be treated in the usual way, but I have seen no means so effectual as cauterisation of the mucous surface of the bladder itself; this may be easily accomplished by the aid of Lallemand's curved instrument. When the inflammation is subdued, if the involuntary pollutions continue, the same means must be had recourse to as advised for simple irritation.

Chronic cutaneous affections producing spermatorrhœa should be treated by sulphur-baths, alteratives, &c. In some cases, where cauterisation of the prostatic portion of the urethra has failed, from the known sympathy subsisting between the parts, the nitrate of silver has been applied to the orifice of the urethra and commencement of the canal only, with apparent benefit.

Fissures of the rectum frequently require division of the sphincter ani; for more detailed treatment we must refer the reader to the modern works of surgical writers.

The treatment of piles is too familiar to require comment.

Constipation should always be removed by mild laxatives; I have found a warm-water injection every morning frequently serve this purpose.

When spermatorrhœa is traceable to disease of the brain or spinal cord, these, of course, require our special attention; such, however, we believe to be of rare occurrence, and the limits of this paper will not admit of more than a passing remark.

Strictures of the urethra should be removed by the ordinary modes of dilatation or cauterisation, and a healthy state of the prostatic portion of the urethra restored by the means before recommended.

The presence of ascarides in the rectum has been stated as capable of producing this affection, and I think I have found them produce, more frequently, nocturnal than diurnal emissions, probably from the fact of their being generally more active during the night, and, consequently, causing more irritation. Three or four doses of calomel and aloes, worked off by a senna-draught, will generally remove them from the rectum; when, if pollutions and morbid irritability of the part continue, one cauterisation will commonly be found sufficient for their removal.

Cauterisation should not be too frequently performed; ten or fifteen days should elapse between each application. Pain, and sometimes a slight bloody discharge, follow the operation; both of which disappear in a few hours. The changing of diurnal losses for nocturnal ones, attended with erections and increased pleasurable sensation, may be always looked upon as a good sign.

I have, as yet, confined my remarks to cases having for their origin local irritation or inflammation, I must now consider the treatment of those which are dependant upon constitutional idiosyncrasy, excessive sensibility, or irritability of the system in general and spermatic organs in particular, traceable to no abuse or immoderate sexual indulgence. I have invariably found in such cases great constitutional debility, requiring the use of warm and general tonics, as the stimulant bitters and the preparations of iron in particular. Cold and salt-water baths, and all other means calculated to restore the tone of the system; injections of cold water, both by the urethra and rectum; the cold douche directed against the perineum by means of an appropriate instrument; injections of a weak decoction of cinchona or oak-bark; and the occasional passing of a bougie, have sometimes proved beneficial. Would not electricity be of some service, directed though the prostatic portion of the urethra?

With regard to diet in the treatment of this affection, all alcoholic and malt liquors should be abandoned; the food should be light, nourishing, and unstimulating. Gentle, but regular exercise, and a residence in the country or by the sea-side, are highly advisable.

Much has been written on the subject of masturbation by Lallemand, who considers it the most frequent cause of spermatorrhœa; and so universally is this disgusting practice indulged in, in the south, especially, in his immediate neighbourhood, that we find him, in his clinical lectures, proposing the following means of preventing it:—"The best means of curbing this tendency, both in youths and adults, is muscular exercise, pushed to fatigue; the powers of the system, by these means, are exhausted, and nature, wishing to restore her wonted energy, seeks repose; and thus the vicious propensities are suspended for a time by refreshing sleep. Once the habit broken, we know how ready nature is to return to the proper discharge of her healthy functions."

We afterwards find another note on this head, containing the following sentiments, with which I shall conclude the subject, as it perfectly coincides with my own ideas: "These coercive measures are principally applicable to youth; after the age of puberty the secretion of the semen cannot be suspended or sensibly diminished without more or less injury to the health; the accumulation of this fluid in the seminal vesicles must naturally produce importunate erections, inevitable relapses, or nocturnal or diurnal pollutions, all of which cannot be prevented but by sexual intercourse. This is the only remedy that can recal to a healthy state the altered functions and modify the morbid sensibility of the organs; it is the sole effectual means, both for the present and future, that can reform unnatural tastes, as it enables the patient to perceive the immense distance which separates his melancholy and disgusting pleasures from those naturally and physiologically procured."

Sir,—The monthly parcel of my bookseller has just furnished me with THE LANCET for the last four weeks, in the number of which published on the 14th of October I find a communication entitled "Observations on Spermatorrhœa, by W. H. Ranking, Esq., M.D.," apparently containing much of the matter of which my essay on spermatorrhœa (acknowledged as received by you last week) is composed, in fact, the one seeming to be almost a plagiarism of the other. Should you, however, still honour me by the publication of my communication, I shall feel particularly obliged by your appending this note. I am, Sir, your obedient servant,

G. N. DANGERFIELD, M.D.

Newport, Monmouthshire, Nov. 2, 1843.

EMPLOYMENT OF

NAPHTHA IN PULMONARY DISEASE.

DR. HASTINGS presents his compliments to the editor of the THE LANCET, and begs to forward the accompanying case, which was furnished to him by Mr. Proctor, a highly intelligent and respectable practitioner, of the firm of Dickson and Proctor, Witham, Essex.

Albemarle-street, Nov. 8, 1843.

Charles Perry, aged 24, by trade a carrier, born and always resided at Wickham Bishops, in Essex. His parents were long-lived and healthy. Hair red, complexion florid, and skin fine and clear. His general health was good until last February, when he sought relief for an attack of acute bronchitis. The prominent symptoms were then severe cough, frothy expectoration, difficulty of breathing, and considerable fever. This state of things soon subsided, but the difficulty of breathing and cough recurred, accompanied with expectoration of a well-marked purulent character, and nocturnal perspirations, followed by great emaciation and consequent debility. On applying the ear to the right side of the chest anteriorly, pectoriloquy and a gurgling râle were perceptible. Variable treatment was pursued until April, when, as improvement had not manifested itself, he withdrew from my care, and placed himself under Dr. Baker, of Maldon, who endeavoured to gain admission for him into the Colchester Hospital, but failed in consequence of his disease being pulmonary consumption in the last stage. Dr. Baker treated him for consumption, until an attack of hæmoptysis in July led him again to consult me. His condition was now more feeble than at his former visit. Under the use of the acetate of lead and opium the spitting of blood shortly disappeared, leaving all the previous symptoms of pulmonary consumption unmitigated. Being unacquainted with any treatment possessing the power of stopping the ravages of this disease, I determined to try naphtha, not with any expectation that a beneficial result would ensue, for I must add I had not the slightest faith in its (*alleged*) powers in this formidable malady. On the 3rd of August, then, I prescribed the following:—

℞ *Rectified naphtha*, ℥j;

Sed. liq. of opium, ℥ij. Mix for drops, of which he took fifteen drops three times a-day in a little water. The naphtha was persevered in for about two months, when he reported himself well, and resumed his employment of carrier between Witham and London, having gained about two stone in weight during the treatment.

The first remarkable change was a disappearance of the nocturnal perspirations,

which never returned after taking a few doses of naphtha. The cough and expectoration gradually yielded, and the only difference between his present and previous condition before the attack in February was that his breath was rather short after considerable bodily exertion.

A. G. Proctor, Surgeon.

Witham, Essex, Oct. 21, 1843.

MR. JEAFFRESON'S OPERATION FOR OVARIAN DROPSY.

To the Editor of The Lancet.

Sir,—Dr. Clay, of Manchester, having politely sent me a report of his seventh successful *major operation* for extirpation of diseased ovary, without noticing my remarks, written privately to him soon after his first cases were printed, I beg, as the *originator* of the *minor operation*, for space in your Journal to enable me to state, fairly, to the profession, the question at issue between us; namely, whether it be better to lay open the cavity of the abdomen, from the ensiform cartilage to the pubes, under the *apprehension* that adhesion *may* exist between the diseased structures and surrounding parts; or, first, to perform the minor incision, and, should that be found insufficient, to enlarge the wound to the requisite extent?

As Dr. Clay acknowledges the impossibility of judging previously to incision, whether or not adhesions exist, I shall conclude by stating that in my first successful operation, published in the "Transactions" of the Provincial Medical Association, the disease had continued, during several years, without forming adhesions. This woman continues in good health, having since been pregnant four times, and given birth to four healthful children. I have since witnessed another successful *minor* operation for the cure of ovarian dropsy, which had progressed more than twenty years, during which period tapping had been thrice repeated. In that case, also, there were no adhesions. The lady has since enjoyed, during several years, and still enjoys good health. I am, Sir, yours respectfully,

Wm. Jeaffreson.

Framlingham, Nov. 6, 1843.

French Accoucheurs.—In France, no one, male or female, is allowed to practice midwifery without a diploma, or "letters" to that effect. In some infractions of the law during the present year by the wives of small farmers in Brittany, the primary court of Brest inflicted a fine of fifteen francs on each offender. On a repetition of the offence, the fine, which goes to the hospital funds, is two hundred francs (£8), in addition to which a longer or shorter imprisonment is inflicted.—*Gazette des Tribunaux.*

LONDON HOSPITAL.

HYDROCELES OF OLD HERNIAL SACS.

James Elphick, a countryman, ætat. 47, admitted under Mr. Scott, October 18, suffering from the inconvenience of an enlargement of the scrotum, which materially interfered with the discharge of his ordinary occupations.

The scrotal integument was observed to be greatly distended, and to form the investment of a large tumour depending between the thighs; on the right side, eight inches from the pubic spine; on the left side, ten inches from the corresponding point. The testicles, which were perfectly distinct, constituted on either side its inferior limit, and immediately above them the tumour was slightly contracted, and then bulged out into a large elastic structure which possessed uniformly dense parietes, and fluctuated distinctly on pressure. At the upper part of the swelling existed considerable fulness, extending on the right side three inches and a half, and on the left four inches from the symphysis pubis. The transverse diameter of the centre of the tumour was half a foot. The skin of the penis was puckered and partially lost in the scrotum, thus rendering the size of the organ apparently diminished. No omentum or intestine could be detected. The fluid on pressure was found not to communicate to the abdomen; but a slight pulsation was sensible on the left side when the patient coughed. The man seeming barely to comprehend the principles of reason, it was difficult to obtain any details of a satisfactory nature. It appears, however, that thirty-two years ago he had had a rupture on the right side, and twenty years ago a similar protrusion on the left. He wore a double truss, and stated that he had been annoyed by the presence of the swelling (which had progressively enlarged) for the space of six years.

Three days after admission (the nature of the fluid having been previously ascertained by the introduction of the grooved needle) forty-eight ounces of serous liquid, mixed up with a large proportion of crystals of cholesterine, were withdrawn by the trocar from the left side of the tumour, and eighteen ounces from the right. After the evacuation of this large quantity of fluid the scrotum assumed nearly its normal dimensions. Either outer ring was observed to be lax; the right, however, more dilated than the left; and through it there was slight descent of the intestine on coughing.

The truss was readjusted, and the recumbent posture enjoined. In the space of a fortnight the fluid having again been secreted to a moderate extent, it was withdrawn by the trocar, and an injection of lime-water thrown up into the cysts of the right and left sides. On the supervention of considerable local pain and uneasiness the

lime-water was withdrawn, and the patient ordered to remain quiet and undisturbed. Considerable inflammation resulted, and extended upwards from the scrotum towards the lower part of the abdomen. It gave rise to much constitutional disturbance, which subsided, however, in the course of a week, after the free use of laxative medicine, and limited diet, and the constant application of fomentations to the inflamed parts.

In twenty days from the period of injection the scrotum had regained its natural appearance, considerable induration of the subjacent tissues had resulted, and no trace of fluid could be detected, the cysts of the tumour having become obliterated.

HÆMORRHAGE FROM THE URETHRA.—PSORIASIS OF THE TONGUE.

William Wise, engineer, of sallow complexion and dark hair, admitted under Mr. Scott, October 18th, with profuse hæmorrhage from the urethra. His linen was soaked in blood, and he states that prior to admission about a quart had gradually oozed away, the bleeding having commenced five minutes after connection on the preceding night. He was at the time affected with acute gonorrhœa, for the cure of which he had been under treatment for about ten days. He appeared faint, the features being pallid, the skin clammy, and the pulse small. Cold lotion was locally applied without any obvious diminution in the flow of blood. A bougie consequently was introduced, and retained for the space of four hours, when the dribbling, which had gradually continued for twelve, was arrested. The introduction of the instrument was followed with violent headach, and general irritation and rigors, which symptoms soon subsided on its withdrawal. The penis having been cleansed from the coagulated blood, several irregular chancres were observed surrounding the margin of the glans, and a copious thick discharge escaped from the meatus. The tongue presented a peculiar appearance, being covered with irregularly oval depressed spaces scattered about on its surface. They were redder than the unaffected parts; smooth and glossy, destitute of villi and epithelium, separated from each other by slight intervals, and having their long diameter from before backwards, which varied from the third to about the fifth of an inch. The lingual affection supervened prior to the present gonorrhœal attack, nine months anterior to which he had been troubled with chancres on the penis, and three months subsequent to this with sore throat and a cupreous eruption. Nine months ago, also, he had contracted a clap.

He was placed on middle diet, and a mild course of mercury; the bowels were regulated with saline cathartic medicine, and an occasional scammony and calomel purge. The chancres, which were dressed with black-wash, had healed on the 26th, and the affection of the tongue had disappeared, the gums at the time being turgid and tender. He became an out-patient on November 6th, the gonorrhœa still existing.

PARTIAL SPHACELUS OF THE PREPUCE. PHYMOSIS.

James Topliffe, ætat. 27, grocer, admitted August 1st. The integument of the penis was tense and shining, and of an uniform scarlet colour (from the degree of vascular injection), with the exception of that part corresponding in situation to the upper surface of the glans. At this part the skin, over a space of the size of a halfpenny, was in a state of gangrene, and of a dark brown colour. Its circumference was not abruptly defined, but gradually lost itself in the surrounding integument. There existed a state of perfect phymosis, and through the depending constricted aperture of the prepuce the urine dribbled away, giving rise to a sense of scalding in the urethra. He was exceedingly low; pulse irritable; countenance pale, and general listlessness.

He stated that he had placed himself on spare diet for several days in consequence of having contracted gonorrhœa about a week prior to admission. The phymosis had rapidly succeeded the occurrence of the urethral discharge. He was ordered full diet, and to take every four hours six grains of carbonate of ammonia in camphor mixture. The scrotum was well supported by a large pad placed between the thighs, and warm lotion of chloride of lime kept constantly applied to the penis. In the course of twenty-four hours sphacelus had resulted, and the glans penis was exposed, its outer margin being superficially abraded. The gangrene having slightly extended, six ounces of wine were ordered to be taken daily. In the course of three days a line of demarcation had formed around the upper two-thirds of the penis about one inch posterior to the proximate part of the glans, the integument having to this extent sloughed away from the surface. The skin on the inferior third of the penis, together with the depending extremity of the prepuce remained uninjured. The glans penis itself appeared considerably inflamed, being swollen and tender to the touch; and on the 5th a small superficial oval spot on its outer margin had sloughed, leaving a clean surface. He now omitted the wine and took the ammonia only three times in the twenty-four hours. At the end of a week suppuration was fully established, and in twenty-one days after admission the ulcerated surfaces had entirely healed. The loose extremity of the prepuce was sliced off with a bistoury.

He left the hospital at the end of August, complaining of a gleety discharge which caused occasional scalding.

HOPITAL NECKER, PARIS.

DISLOCATION OF THE OS INNOMINATUM ON THE SACRUM.

The rarity of dislocations of the os innominatum imparts considerable interest to the two following cases, which have recently been successfully treated in the wards of M. Lenoir, at the Hôpital Necker, and reported in a number of "L'Experience" for October:—

Case 1.—On the 1st of August a man named Bonhomme, ætat. 32, blacksmith by trade, entered the surgical wards of M. Lenoir. The previous evening he was leaning on the support of the balcony of a third-story window when it broke, and he was precipitated into the yard below. He was stunned by the fall, and could give no information as to the way in which he fell on the pavement. On being examined, a vast ecchymosis was found to occupy the entire superior region of the right thigh, and to extend some distance on the abdominal parietes. There was inability to move the right limb, which, at first sight, appeared shorter than the left; the foot was slightly turned inwards. The emission of urine being difficult, the catheter was used for two days. He was twice bled from the arm, leeches were applied to the thigh, and he was kept on his back in a perfectly horizontal posture. Under the influence of this treatment the tumefaction, the ecchymosis, and the pain, gradually disappeared, so that the patient who, at first, could scarcely stir in his bed, was able, by the 15th of September, to walk with the assistance of crutches. A careful examination was then made, in order to ascertain with certainty the nature of the lesion. Measured from the anterior and superior spine of the ilium to the external malleolus, the right and left limb were exactly of the same length, although the former appeared to the eye to be at least one inch shorter; the right foot was neither turned inwards nor outwards. On drawing a horizontal line across the abdomen, passing over the umbilicus, the anterior and superior spine of the ilium on the right side was found to correspond with the line, whereas the same process on the left side was situated at half an inch below it. The fold of the groin was higher on the right side than on the left. A careful examination and comparison of the horizontal rami of the ossa pubis showed that the right ramus was on a higher plane than that on the other side; from the anterior superior spine of the ilium, as far as the spine of the pubis on the right side, there was felt a hard, resisting, uniform osseous projection, which seemed to occupy the iliac fossa. This projection was evidently formed by the right horizontal ramus of the pubis, raised nearly an inch above the left one. On examining by the rectum it was ascertained that the right tuberosity of the ischium was sensibly raised, and nearer to the median line. It was also found that the right descending branch of the pubis, at the level of the symphysis, was on a plane considerably posterior to the left. Posteriorly, the fold of the nates was more than half an inch higher than that of the opposite side; the sacrum presented its normal configuration, but on its right margin was a well-marked depression at its junction with the ilium. The right nates, also, presented a considerable depression, very evident when compared with the prominence of the left. Pressure in this region was painful, and showed the existence of slight œdema. The two crests of the ilium were far from being on the same level. A horizontal line passing from the right iliac crest left the other more than half an inch beneath it. The right posterior superior iliac spinous process, as also the right crista, was thrown considerably backwards, so as to be on a plane posterior to that of the opposite side. The vertebral column appeared uninjured. No traces of sanguineous effusion remained, and it was evident, from the movements which the patient was already able to perform, that, with the exception of the inevitable lameness, he would soon have sufficiently recovered the use of his limb to return to his usual avocations.

Case 2.—On the 28th of July, Marie Casimir, ætat. 39, rag-gatherer, was brought to the Hôpital Necker and placed in the wards of M. Lenoir. He had just fallen down a staircase, and presented a number of lesions. He had fractured several ribs, and both bones of the forearm, and received a severe contusion of the right hip; since the accident he had also spat blood. The hip presented considerable sanguineous effusion, and was the seat of great pain and swelling; the slightest motion was attended with such agony as to make the patient scream out, and anything like a careful examination was, therefore, impossible. A slight apparent shortening of the right limb at first gave rise to the idea that there was a fracture of the femur; but the thigh was found to obey, in its totality, the different movements it was made to execute, the great trochanter following the head of the femur in its rotation; there was absence of crepitation, and no deviation outwards; therefore this idea was abandoned, and it was supposed that the patient was merely labouring under a contusion of the hip. Under the influence of repeated bleeding the spitting of blood and other thoracic symptoms disappeared, the fractures became consolidated, the swelling of the hip diminished, and the effused blood was absorbed. The hip still remained painful, however, and voluntary motion nearly impossible. The patient was then carefully

examined, and found to be in the following state:—

Having been placed on his back, a rather deep depression was felt near the right spine of the pubis; above this depression, on pressing the abdominal parietes, a moveable sharp osseous projection was felt, which appeared formed by the horizontal branch of the pubis, fractured and drawn upwards. The anterior superior spinous process of the right ilium was situated higher and more backwards than that on the opposite side. A catheter passed into the bladder without meeting with any obstruction. The patient had had no retention of urine. On examining by the rectum, inequalities were felt on the right side, which could only be attributed to a fracture of the ischium; above and towards the right, on depressing forcibly the anterior parietes of the rectum, another osseous tumour was perceptible, evidently the result of the fracture of the pubis. On the opposite side there was nothing similar. The patient went eleven days without the bowels being relieved after his fall.

The patient was then placed on the abdomen and the examination was continued. The right nates was found to be soft, flattened, depressed. The sulcus was raised about half an inch, and described a direct oblique line, whereas that of the left described a curved horizontal line with its concavity turned upwards. The posterior superior spine of the ilium was higher on the right than on the left side, as also the crista of the right ilium and the right ischium. On exercising pressure over the posterior superior spine of the ilium on the left side, it was distincly felt, whereas on the right, in the same region, there was a rather deep depression, occasioned by the spine having been raised and the sacro-spinous ligament having been ruptured.

The right lower extremity appeared shorter than the left, the right external malleolus being half an inch higher than the left; but when the two limbs were measured from the superior anterior spines to the external malleoli, it became evident that the distance was equal on both sides, a fact which might have been anticipated from the change which had taken place in the relations of the right os innominatum with the vertebral column. All these symptoms became still more manifest when the patient, instead of lying in bed, was made to kneel on his knees and bend his body forwards. On the 15th of September this man began to walk with crutches, he could not, however, support the weight of the body on the right limb, but threw it principally on the left. The shortening of the limb was evident, and as it will persist during life, he will necessarily be lame.

The chief peculiarity which these cases presents consists in their not having been accompanied by concussion of the spinal cord or the brain, or by serious injuries of the pelvic viscera, although the force which produced them must have been tremendous; and, also, in their not having been followed by that severe inflammation of the peritoneum or neighbouring organs which is usually met with in such cases. Simple dislocations of the ilium, devoid of these complications, are, indeed, so rare that the celebrated surgeon Boyer does not seem ever to have observed an instance himself, and states "that they are so extraordinary that were there not cases which have been observed by men whose skill and good faith are well known, it would be difficult to believe in their existence." In the first of the above cases there was no complication whatever, and the symptoms were such as not to leave a doubt as to the nature of the lesion as soon as an examination could take place; the entire right os innominatum was evidently elevated considerably above the level of the left, there being a partial separation of the two surfaces which constitute the symphysis pubis; the right abdominal limb was apparently shorter than the left, although of the same length when measured from the anterior spine of the ilium; there was also—an important circumstance—such difficulty in evacuating the urine that it was necessary to bring it away with the catheter for several days. In the second case the symptoms of dislocation were equally evident, but in addition to the dislocation of the os innominatum there was also fracture of that bone,—the fracture occupying the ischium and the horizontal ramus of the pubis. The inner fragment, comprising the right half of the symphysis pubis and the spine of the pubis, and to the internal surface of which the anterior ligaments of the bladder were attached, remained in its natural position, and the symphysis pubis was not injured. The integrity of the inner portion of the pubis explains the non-existence of retention of urine mentioned by Hippocrates as a symptom of this dislocation, and which existed in the first of the above cases, although the lesions which accompanied it were much less severe. In one of these patients the anterior ligaments of the bladder were not disturbed and the excretion of urine was not impeded; in the other they were raised along with the portion of the pubis on which they were inserted, and, by their action on the neck of the bladder produced retention of urine.

Very slight external violence has sometimes given rise to partial dislocation of the os innominatum, owing to pathological predisposition; as, for instance, when under the influence of a scrofulous constitutional diathesis, or when owing to recent parturition, the articulating surfaces have become inflamed and loosened. But such was not the case with the two men whose accidents we have just narrated. They were previously in excellent health, and appeared of a sound constitution; consequently, their articulations were in the most favourable position for resisting any external violence. We find, therefore, as we might have anticipated, that the dislocations were caused by very powerful shocks—a fall from a third story and a fall on a staircase, no doubt from a great height.

The treatment adopted by M. Lenoir is well worthy of notice. He merely confined himself to the treatment of the symptoms which the patient presented, keeping down inflammation, indeed even the predisposition to inflammation, by repeated bleeding and leeches. No attempt whatever was made to reduce the dislocation, lest by such attempts those very inflammations of the pelvic viscera and peritoneum, and suppurations of the joints, which are so much dreaded in these lesions, should be produced. In adopting this line of conduct he followed the advice of Boyer, advice which that surgeon founded principally on a case seen by Enaux, and published in the "Memoires de l'Academie des Sciences de Dijon." In the case alluded to the left os innominatum had been displaced and carried upwards. The local inflammation was too great to allow of any immediate attempt at reduction; antiphlogistics were resorted to, and in a few days, their use having been attended with the desired effect, the reduction was attempted. The attempt was only productive, however, of great pain and a renewal of the local inflammation. Another unsuccessful essay having been made to reduce the dislocation a few days later, and having produced the same revival of the inflammatory symptoms, all idea of reduction was abandoned. The patient got well, but with a shortening of the limb, and was able afterwards to resume his calling, that of a slater.

Severe burns frequently give rise to ulcer in the duodenum, which is the cause of a fatal result.

THE LANCET.

London, Saturday, November 18, 1843.

Since the days of John Abernethy the medical press of this country has been particularly prolific in treatises on "derangements of the digestive organs,"—works, however, so frequently consisting of trite common-places cooked up with the sauce of quackery, to suit the popular taste, that one is apt, on taking up a new book which presents a dyspeptic aspect, to throw it down again, unopened, as merely a part of the fee-catching apparatus of which certain doctors avail themselves in practice. Yet "indigestion" is a subject of no small importance to the community, and the trashy character of the works that are devoted to it is, therefore, the more to be lamented. Some few productions, certainly, deserve to be exempted from this general censure, and amongst the latter the treatise of Dr. Todd in the "Cyclopædia of Practical Medicine," deserves to be named. One result of the defective state of literature with respect to the derangements in question, is a general ignorance of their pathology and treatment,—a prominent but by no means creditable feature in British practice.

Mere nosologists may talk of "dyspepsia." as if it were the name of a particular disease; but, as indigestion may arise from disorder of any one of the many functions that are concerned in digestion, it is evident that its consideration involves a very wide range of pathological observation and reasoning, and its treatment a great variety of therapeutic intentions. We are quite aware that such is the view now taken by a large portion of our most enlightened practitioners, but amongst others a certain routine of remedies is still indiscriminately applied to all cases that are styled "dyspeptic" and "bilious." For example, a doctor rejoicing in a knowledge of the fact that the liver secretes bile, but who has not kept pace with modern pathology, meets with a patient

who is said to be "bilious," or whose liver is pronounced to be "torpid." This patient, presenting no symptoms of acute disease, exhibits a sallow complexion, and a jaundiced eye, with uneasiness, or pain, in the right hypochondrium; his alvine and urinary excretions present certain morbid characters; his tongue is furred behind, and red and glossy at the tip and edges; his skin is dry, with, perhaps, some disposition to increase of heat at night; his spirits are dejected; his mental and bodily activity is impaired. The medical attendant naturally enough imagines that the liver must be the organ that is immediately implicated, and prescribes blue-pill and purgatives, and,—as debility prevails,—in the absence of any febrile excitement of the system, a "light but nutritious diet" is enjoined. Thereupon, the sick man will be fortunate if he do not experience a considerable aggravation of his symptoms, not arising, as supposed, from an incomprehensible functional disorder of the liver, but from inflammation of the mucous membrane of the duodenum, with which the hepatic derangement is sympathetic, and which demands, for its cure, blood-letting (general or local; more frequently the latter), counter-irritation, and abstinence from animal food and stimulating drinks.

Again, a disease which is obviously referrible to the stomach, as indicated by impaired appetite, nausea, uneasiness after taking food, and various sympathetic disturbances of the system, is pronounced, by routine practitioners, to be a case of "dyspepsia," which term, however, simply expresses the fact that the patient does not efficiently digest his food, without indicating, in the smallest degree, the pathological cause of the failure of his nutrient powers. But "dyspepsia" is inseparably connected, in the mind of the *routenier*, with blue-pill, laxatives, and bitters, which are straightway exhibited, the result being favourable or disastrous, according as the case happens to be one of atony of the stomach or of chronic gastritis,—diseases which should be readily discriminated, but which, notwithstanding, are often confounded, where attention has not been paid to the progress which pathological anatomy has made within the last few years towards giving a local habitation to disorders which formerly were only distinguishable by *names*. Yet, on the other hand, it must be acknowledged that the new lights of pathological anatomy, which we owe chiefly to the researches of French observers, have been converted into mere *ignes fatui* by many professional men on both sides of the water, and of which there is not a more remarkable example than may be found in the subject of these remarks. One of the various cases that are included under the vague term "dyspepsia" is chronic inflammation of the stomach, an affection which, as we have before observed, is of more frequent occurrence in France than in England: hence a sect of practitioners who have studied chiefly in Paris, and have become tinctured with the Broussaisan principles, can see nothing but gastritis in the "dyspepsia" of London. With them a vague "dyspepsia" has been supplanted by an hypothetical "gastrite," and a routine of leeches and antiphlogistics has succeeded to that of blue-pill and bitters.

Not designing to discuss these circumstances at length, but merely desiring to call attention in these parts of our Journal, from time to time, to such leading and prominent points in the practice of medicine as those to which they properly belong, and knowing that their consideration may be amply prosecuted at home, and in a more private manner, we are content here to rest the subject with a simple exhortation to sagacious men, to turn at once and for ever in the diagnosis and treatment of disorders of the digestive organs, from obsolete hypotheses to recently-established facts. They will find their advantage in so doing, and so will the larger class of patients that the whole community of sick persons present in the daily business of the profession.

Few points in therapeutics have produced more variety of opinion, and greater discussion, than the influence of TOBACCO on the human economy. Some persons have regarded the plant as being not only perfectly harmless, but endowed with power to soothe and allay all irritation, both of mind and body. In perfect consistency, therefore, with these therapeutic tenets, they have patronised its use as a solace during leisure, and employed it as a remedial agent in numerous forms of sickness. Others, on the contrary, have called tobacco a baneful poison, which gradually undermines the constitution of all those who, even in perfect health, consume it; rendering them, in time, a certain prey to nervous irritability and hypochondria. Even in disease they assert that its effects are capricious, and scarcely susceptible of being so directed as to benefit the patient.

In the present day—with all the means of information which we possess, with the daily experience of millions of men before us, and after all the experiments which have been performed to ascertain the true effects of the various preparations of tobacco, the majority of medical practitioners are still either unsettled in opinion on the subject, or guided in their views of it only by personal habits and sensations.

It cannot be doubted for a moment that, administered internally, in any form, tobacco is a powerful and dangerous narcotic. There are, unfortunately, too many cases on record it which it has proved fatal to life, when either given as a therapeutic agent, or taken accidentally in too large a dose, for its great toxical properties to be denied. Not equally evident, however, is it, that when used, moderately, as a habitual stimulus, its effects on the constitution are decidedly injurious. Indeed, we might say, *à priori*, that a substance so extensively employed, the evil effects of which, nevertheless, it is difficult to prove, cannot be *very* noxious,—at least, to those who have become accustomed to its use. That such is really the case, is, we think, most satisfactorily proved by a document which has recently been addressed by the Director of the Tobacco Manufactories in France to the MINISTER OF THE INTERIOR, and published in the "Annales d'Hygiène," forming a report the data for which have been furnished by the medical men who are attached to the above establishments.

The manufacture and sale of tobacco in France, as is generally known, is a government monopoly. There are ten manufactories, distributed over different parts of France, which, altogether, employ five thousand workmen; that is, on an average, five hundred each. The medical statistics given in by the practitioners referred to, only apply to the year 1842; but those gentlemen have also combined in their reports the result of their experience in the manufactories during former years. Thus, a body of facts of great value has been collected, tending to throw considerable light on the subject. The results obtained are the more valuable from their coinciding in every respect with those which were obtained by M. PARENT DUCHATELET, the well-known hygienist, who, in 1829, published a valuable digest of a long series of labours and researches made in the same manufactories with a view to ascertain the influence of the manipulation of tobacco on the health of the workmen. Previously to relating the facts thus brought to light we should say a few words respecting the ESTABLISHMENTS IN WHICH THESE INVESTIGATIONS HAVE BEEN MADE.

The tobacco manufactories being entirely in the hands of Government, are organised and conducted with a degree of regard to the health and comfort of those who are employed in them which is seldom found in private establishments. The wages of the work-people, both male and female, are high, considering the usual rate which is paid to their fellow-citizens in corresponding localities. In the interior of the manufactories everything is done that can possibly conduce to improve their salubrity. The work-rooms are well ventilated and cleaned; the work-people are never allowed to remain in them during the hours of rest (in order that the air may be entirely renewed); and precautions are taken to prevent the existence of currents of air in those rooms in which the nature of the labour keeps the workmen in a continued state of perspiration. In a word, the administration has omitted nothing which is calculated to modify the pernicious results of a great assemblage of individuals in a comparatively small space. The directors do not merely confine themselves to the internal discipline of the manufactories over which they preside, but also endeavour, so far as is possible, to exercise a beneficial in-

fluence upon the habits and domestic life of their workmen. They give them salutary advice respecting those causes of disease to which the poor too frequently expose themselves, especially in manufacturing localities. They rigorously exact their regular attendance on work, unless sickness, or some other urgent and valid cause stand in the way; never allowing them to devote the Monday to amusement and dissipation, as is the habit of many French workmen. In order to prevent the scenes of demoralisation which too often occur in France, as well as in England, where artizans are paid on the Saturday night, their wages are regularly given to them on *every tenth day*, a measure which is found to have great influence over their domestic happiness, nearly all their earnings thus being devoted to their families instead of to the wine shops.

These details must be known in order that the very favourable condition in which these people are placed, may be appreciated in illustrating the physiological effect of tobacco on the human economy.

The tobacco, received fresh from the colonies, or the home-market, is manufactured into three forms, viz., tobacco for *smoking*, for *chewing*, and for *snuff*. Only the first and last of the three are made in considerable quantities; a very small proportion being prepared for chewing. Tobacco for smoking is made in the following manner:—The lighter leaves having been chosen, are moistened with a dissolution of marine salt; they are then cut into shreds, at once exposed to a heat of 212 Fah., and laid to dry on hot plates. The process for making snuff is different. The leaves are, as before, moistened with a dissolution of sea salt, to prevent putrefaction, and cut into shreds, the larger ribs having, however, previously been extracted. The tobacco is then thrown into heaps, and allowed to ferment for several months. The temperature often rises as high as 130° or 140° Fah., and would become even higher, and carbonise the tobacco, were not precautions taken to prevent it. After it has thus remained during a sufficient time, it is ground, in mills, and again heaped together, to ferment. For these operations to succeed, great masses of tobacco must be wrought at the same time,—as much, for instance, as twenty or twenty-five thousand pounds weight.

From this slight summary it will be seen at once that the workmen are, during the entire processes, exposed to the emanations either of *moist*, *fermenting*, or *pulverised* tobacco; that is, that they are exposed to them in a form in which the tobacco must necessarily be more or less introduced into the economy by the skin and lungs.

When workmen newly enter the manufactories, they generally suffer for a few days, or even weeks, from headach and nausea. But these sensations soon disappear, and they then cease to be appreciably influenced by the tobacco. There has been, it appears, a few instances of individuals who could not accustom themselves to the emanations, and who left the place on that account; but, as it has justly been remarked, the fact is not more surprising that a few isolated cases of this kind should occur, than that there should be persons who can never accustom themselves to the motion of the sea, and are always sick when on board a vessel. The health of the work-people is generally good,—better, indeed, than that of the neighbouring population; a circumstance which may be accounted for by their superior profits, and more regular life. There is *no malady whatever*, nervous or other, from which they appear more particularly to suffer. It is also remarked that their lives seem to be quite as long as those of other work-people, and that they are generally able to work until *age* or *accidental* illness stops their labours.

The number of the people employed being great, a certain amount of disease is necessarily observed amongst them. Thus, it appears that during the year 1842, there were cases (more or less severe) of pneumonia, typhus fever, dysentery, angina, ophthalmia, rheumatism, &c. But these diseases were not traceable to the daily occupations of the sufferers; they seemed to manifest themselves in the ordinary course of things, and were observed to affect, at the same time, in an equal ratio, the other members of the community. In the manufactory of Paris, the report of the medical functionary states that there was an unusual proportion of cases of bronchitis, during the summer, which he inclines to attribute to the emanations from the tobacco. He ascribes this circumstance, which he had not observed during previous summers, to the extreme heat experienced in Paris in 1842, which, he says, not only rendered the emanations from the tobacco greater, but also predisposed the skin to their absorption. He men-

tions a fact that seems to support this explanation, viz., that the women, whose costume envelops them much less hermetically than that of the men, and who were, consequently, more exposed to the emanations, were the principal sufferers.

These remarks with regard to the frequency of bronchitis in the summer of 1842, were made only by one medical man out of ten, and were, even by him, said to be contrary to his previous experience. The other practitioners all coincide in noticing the remarkable freedom of the work-people from every form of thoracic disease; so that we really are warranted in looking on the Paris cases of bronchitis as exceptional, and attributable partly to other causes, perhaps local ones. It is evident that had the heat of the weather modified the hygienic state of the manufactory in such a manner as to produce bronchitis—(as the summer was equally warm all over France)—the same effect would have been produced elsewhere, which was not the case. It is of the more importance to establish the real value of this slight epidemic of bronchitis, because tobacco has been said to give rise principally to diseases of the chest, such as pneumonia, asthma, phthisis.

With regard to phthisis, the experience of most of the medical functionaries seems decidedly opposed to the idea that tobacco favours its origin and progress. Some even appear to think that the emanations act as a preservative. Thus, at the manufactories of Bordeaux, Havre, Lille, Morlaix, and Strasbourg, phthisis is stated to be much less frequent among the work-people than among other artisans. At Bordeaux the disease is very rarely found among them, and progresses much slower in that class than with the rest of the population. At Havre, where phthisis is common, it is so rare at the tobacco manufactory that there has scarcely been a case observed. At Morlaix phthisis is always less violent in its progress, and less severe, when it attacks the manufactory people than with other artizans. At Lille it is much less frequent than among those who work cotton. At Strasbourg the work-people have not presented a case of phthisis.

To any one who is acquainted with the *extreme* frequency of phthisis among the labouring classes in France, a frequency which can scarcely be exceeded even in our own country, these statements must appear incredible. The authority on which they are given, however, is such that we can scarcely refuse to accept them, although by doing so we evidently admit that tobacco exercises a preservative influence against phthisis; for no hygienic circumstance would account for this extraordinary immunity from the disease. The question is of extreme importance, and, whatever view we take of the facts adduced in these reports, the subject deserves a thorough investigation. The attention of the medical men who are attached to the manufactories has been drawn, pointedly, by the authorities to the presence and comparative frequency of phthisis among the work-people who are entrusted to their charge, and as they have been called upon to make, henceforth, a well matured yearly report of their observations, no doubt in the course of a few years important information will be communicated to the profession on the point. In the mean time, the facts that we already possess warrant us in concluding that tobacco, used in moderation, is *not injurious to health or to life;* that it originates no peculiar form of disease; and that the thoracic affections, the polypi, the cancers, the colics, the dysenteries, &c., which RAMMAZINI, FOURCROY, PERCY, MERAT, and hosts of other writers, ascribe to its use, are altogether imaginary as offsprings of "the weed."

Tobacco appears to act solely on the nervous system. The vomiting and diarrhœa which it produces on those who are unaccustomed to its use, or who take it, internally, in poisonous doses, are merely sympathetic symptoms. Upon this view of the physiological action of tobacco, its harmlessness is easily explained. The brain, becoming habituated to the narcotic effects of the tobacco, does not react on the viscera, which continue regularly to perform their functions, and health is preserved. Such is not the case with other narcotic substances, and, more especially, with opium, the most important of all. The perpetual use of opium, in addition to its pernicious effects on the brain itself, disorders the digestive system, and, eventually, nearly stops nutrition. This, indeed, is the reason why its long-continued employment invariably destroys the most vigorous constitutions.

Although a conscientious interpretation of *facts* thus obliges us to conclude that tobacco, used in moderation, is not decidedly injurious to health, yet we do not *advocate* smoking. Putting aside the preservative

influence which that habit may eventually be proved to possess against certain diseases, we must pronounce smoking to be an idle amusement, specially adapted only for those who, in the absence of profitable subjects of contemplation, are content to pass their hours in the dreamy scrutiny of the clouds which they create. It is the principal occupation of the vacant Turk, the indolent oriental, and the scarcely more intellectual lounger of western Europe,—in a word, of those who, not choosing a better employment, are willing merely to *make smoke*, and then persuade themselves that they have really done "something."

WESTMINSTER MEDICAL SOCIETY.

Saturday, Nov. 11, 1843.

Mr. Fisher, President.

CASE INVOLVING AN IMPORTANT MEDICO-LEGAL QUESTION.

Dr. Chowne offered, for the consideration of the society, a case which appeared to him to be of practical interest in relation to forensic medicine, bearing upon the question of concealed delivery. The points to which he would more particularly advert were those in which the condition of a patient who had been several weeks under his care, bore to that of a woman who had been delivered of a child. The patient in question, on the night of the 16th of September last, after severe pains, resembling labour-pains, expelled from the uterus a large quantity of the ordinary cysts called uterine hydatids, which were supposed to have been in the uterus about five months. The mass was formed of cysts, coagula intermixed with them and surrounding them, and a membrane resembling decidua enveloping a great part of the mass. About thirty-six hours after the hydatids were thrown off Dr. C. was requested by Mr. Echlin, who had constantly attended to the patient during the expulsion, to ascertain whether any hydatids still remained, as she was suffering much from expulsive efforts, similar to after-pains. At the time when this investigation was made the woman had in all respects the characteristics of having quite lately given birth to a child. The labia majora were tumid, and, together with the vagina, were relaxed and flaccid; the cervix uteri tumid; the os uteri thick, open to the extent of an inch or more, tumid and soft, and giving to the touch the sensation of being fissured; no hydatids remained in it; there were still small coagula passing away, with sanguineous-looking fluid. The parietes of the abdomen were loose, and the uterus was perceptible (resembling the uterus well contracted after labour) behind and above the symphysis pubis. The breasts were large and distended; the areola elevated above the surface of the breast, very brown, the follicles elevated and large; there was also milk in the breasts. The patient's countenance was pale, her hands and arms showing the appearance of exhaustion and illness. Seven days after this investigation the state of the uterus, &c., was again ascertained, and still was found in such condition that a previous labour might have been very fairly inferred. The secretions from the uterus were such as would occur after labour, and the patient's state in all respects was similar. There were not any well-marked lineæ albicantes on the abdomen; but, with regard to these, they might, on the one hand, be absent, even where women had had more than one child, and they might be present where pregnancy had not existed, as in a case of distention from ascites, &c. The woman, indeed, in every essential particular, resembled so exactly one in childbed, that he could not help regarding her as offering a forcible suggestion on the side of caution, even extreme caution, where the opinion of a medical jurist was required in instances of supposed concealed delivery. It was very possible to imagine a case not constituting a very extraordinary series of coincidences, in which, for example, a new-born infant might be found under such circumstances as to show that it had been destroyed and put away for concealment, as, for instance, in the soil of a privy, common to more than one family (and there were many such in this metropolis); that in the course of inquiries to discover the mother information were received that a young woman had lately become ill, was confined to her bed, and presented the conditions of a lying-in woman. These circumstances leading to an investigation of the patient by a medical man, would place her in difficulties of a most complicated and serious nature, and it was unnecessary to state in that society to how great an extent her fate might be influenced by medical evidence. The patient, although it was now eight weeks since that the hydatids were thrown off, had still in one breast distinct and well-marked lineæ albicantes, and in both milk; indeed, Dr. C. had within these three days found that the patient allowed a young girl to suck milk from her breasts, and he had desired that it might not be repeated. The breasts had been *very much distended* by milk during the first three days after the expulsion of the hydatids, but the abdomen had not at any time acquired a size more than equal to that in the sixth month of pregnancy, which might account for there being no lineæ albicantes on the abdomen, although they existed in the breast. Dr. C. added, that in presenting the case to the society he had been careful to detail each particular exactly as it had occurred, and in reply to a question stated

that he did not consider the lax state of the vagina and other parts dependent wholly upon the degree of distention, but upon the changes which take place preparatory to labour, and as a concomitant of labour,—a condition which was contingent also upon the discharge of hydatids when they have been long retained.

Dr. Reid considered this case very valuable, and one fit to be put on record, as it might seriously affect future medical evidence on these occasions. He agreed with Dr. Chowne as to the cause upon which the dilatation of the vagina depended. He had always considered the areolæ and follicles as fallacious, and referred to a paper he had read before the society proving this, and reported at the time in The Lancet.

Mr. Hancock had seen the case, which occurred in the wards of the Charing-cross Hospital, and could bear testimony to the great accuracy of Dr. Chowne's statements.

Dr. F. Bird wished to know how long the parts were relaxed after the passage of the hydatids. Was it milk that had been secreted? He remembered a case where genuine milk was secreted with a tumour in the abdomen.

Dr. Chowne stated, in reply, that the milk was white and rich, but it differed in character on certain days; it had not been tested or examined by the microscope; a pupil who had tasted it found it very agreeable. It was not uncommon to find milk in the breasts in cases where there was no pregnancy.

Dr. Reid remarked that young girls, old women, and even men, had secreted milk, which a child had sucked.

After some observations on the medicines likely to produce abortion the meeting was adjourned.

MEDICAL SOCIETY OF LONDON.

Monday, Nov. 13, 1843.

Mr. Pilcher, President.

DISCUSSION ON A CASE OF POLYPOID TUMOUR OF THE UTERUS.

The discussion on Mr. Crisp's case was resumed by

Dr. Lever, who agreed with Mr. Crisp respecting the time of formation of the tumour, which he thought was in the uterus at the period of the last miscarriage; for tumours of the uterus of every kind always had a tendency to expel the contents of that organ. He could appreciate the difficulty of diagnosis which had at first been experienced by the able surgeons who were in attendance on the case. The tumour, which had been cut into since the last meeting, was of fibro-cellular structure and of polypoid formation. With respect to treatment, the cases on record in which tumour had been attempted to be removed from the uterus soon after parturition would rather favour the plan of non-interference. Thus, in a case recorded by Dr. Davis, in which a ligature was placed round an uterine tumour soon after delivery, the woman died. In a case to which Dr. Ramsbotham was called, where a tumour of some size was detected after parturition, he advised that no steps for its removal should be taken at the time, and argued thus:—"This tumour became enlarged as the walls of the uterus became enlarged, and as the supply of blood to that organ increased during pregnancy; is it not likely, then, as that supply diminishes, that the tumour will also diminish?" This reasoning was found to be correct by the result, the tumour *did* diminish in size, was eventually tied, and the patient recovered. Now, in Mr. Crisp's case, there was a remarkable and striking difference to the two preceding, and this consisted in the struggle of the uterus to rid itself of the polypus. It was, therefore, a question whether, under such circumstances, attempts should be made for its removal. To effect this, four distinct plans could have been resorted to, and first by torsion: the extent of the pedicle would not admit of this; the uterus, in all probability, would, in such an attempt, be lacerated. Secondly, excision: a dexterous surgeon might succeed in dividing it, but would not the hæmorrhage be so excessive as to be dangerous or even fatal. He, therefore, thought that the only safe way of proceeding would have been the passage of a single or double ligature round the neck of the tumour and division by the knife below. If such a case occurred again, this was the plan he should be inclined to adopt. He related a case occurring in the Surrey Dispensary, in which Mr. Kent applied a ligature to a polypoid tumour and divided the growth below; the patient did well.

Mr. Crisp remarked that in his case he thought a ligature *could* have been applied, but he feared that such a proceeding would have been most disastrous. Indeed, the only hope he had for the woman was her chance of struggling through the uterine efforts, and the subsequent diminution of the tumour in size. So extreme was the depression soon after delivery that it was almost a question whether even an examination were advisable. If the tumour had been pulled away, she would inevitably have sunk. With respect to the nature of the tumour, he had no doubt whatever that it was polypoid. In addition to the characters which he had enumerated at the last meeting in support of this opinion, the tumour had since been divided and examined, and it was found to have no connection whatever with the uterine tissue, was altogether of a distinct structure, and was connected only with the sub-mucous cellular tissue of that organ, the lining mem-

brane of which covered it. The tissue of the tumour itself was different from that of the uterus; the fibres were straight, and not reticulated, and there were small openings or cells in the structure, like those observed in the placenta. The tumour was quite soft. He questioned the propriety of excision, and cited some cases to show its danger.

Mr. HEADLAND considered the case of Mr. Crisp unique in reference to two points at least, and these were the constant expulsive efforts made by the uterus, and the distressed condition of the woman during the last twenty-four hours, from retention of urine. The size of the pedicle was also greater than in the cases which had been recorded as having been successfully treated by ligature. He believed that very few cases were recorded in which polypi showed themselves after delivery, and in these the growths were small. Dr. Haighton had recorded a case in which, a few days after delivery, a ligature was applied, and the woman did well. When a tumour was small, and did not block up the vagina, as in this case, it might remain a few days without danger to the patient. He thought, under all the circumstances of this case, that excision of the tumour was the only chance that the woman would have had. To effect this, he would have pulled the tumour down by a hook and divided it a short distance from the neck. With respect to the hæmorrhage (had the tumour been removed early) following such a proceeding, might not the uterus contract and thereby prevent any serious hæmorrhage; or if hæmorrhage did come on, might not plugging the vagina be resorted to for its arrest? If, however, such an operation had been performed, it was not quite clear that the disease might not return, for the compound structure and irregularity of surface which obtained in this case were not usually observed in true polypus.

Dr. LEVER remarked that Mr. Crisp's case was unique in many points, but not in having cellular attachments to the uterus independent of its pedicle. A case was recorded in which such adhesion extended over three-fourths of the inner surface of the uterus, and another in which it occupied the entire vagina. He thought, in Mr. Crisp's case, that the little inconvenience experienced in delivery was consequent upon this adhesion; for in cases of polypus, generally, the tumour came down before the child and obstructed its progress. In the unceasing efforts at expulsion Mr. Crisp's case was unique. With respect to excision, he should be still afraid of hæmorrhage, and thought the use of the plug in such a case might be dangerous, as the uterus might become enlarged from internal hæmorrhage. He related a case, occurring to Dr. Ramsbotham, in which a woman was delivered of a living child after a natural labour; the placenta came away with but little loss of blood; the uterus remained enlarged; and at the end of three weeks Dr. Ramsbotham was requested to see the patient. On careful examination, he conceived this enlargement to be dependent on the presence of a clot or of a blighted ovum. He recommended the use of the ergot of rye. This soon produced expulsive efforts, and a body was felt protruding through the os uteri. This proved to be a polypus, the peduncle of which having been reached, the growth was detached by the hand. The woman did well.

Mr. DENDY was an advocate for excision in Mr. Crisp's case. He would have arrested any hæmorrhage which might have followed the operation by the plug and external pressure. Looking at the facility with which the uterus might be treated immediately after delivery, he thought the operation might be resorted to in a future case, should it occur.

The PRESIDENT made some general remarks on the different kinds of polypi, and thought Mr. Crisp's was a case of polypus, as that term was generally used. He spoke of the difficulties of treating such a case, and remarked that even now, after the discussion, as much doubt remained on that point as ever. The woman had every advantage from experienced attendants, who acted in the emergency with great judgment. He was afraid of excision, the hæmorrhage following which he thought would have been fatal. The ligature and excision offered the most likely means of success.

A case was referred to by Mr. CRISP in which a tumour, sixteen inches long, weighing two pounds and a half, was expelled by the natural efforts of the uterus, three days after parturition. It occurred in the practice of Mr. Collins, and was recorded in the "Provincial Journal." Mr. Darvill's case, recorded in THE LANCET some time since, in which the entire uterus sloughed away, was also, as were other cases of injury to the womb followed by recovery, referred to.

Several members eulogised Mr. Crisp's candour in bringing all the points of his interesting case before the society.

THE Medical and Chirurgical Society held its first meeting on Tuesday. There was a numerous attendance of members. We shall publish a report of the proceedings next week.

ABSCESS, like tubercle, is more common in the superior than in the inferior lobes of the lungs. Grisolle found that of 19 pulmonary abscesses, 9 were in the upper lobe, 5 in the inferior, and 1 in the middle.

UNIVERSITY OF LONDON.

SECOND examination in MEDICINE for the degree of Bachelor of Medicine, Nov. 7, 1843, examiners Dr. Billing and Dr. Tweedie. (See *ante*, p. 195.)

1. Describe the anatomical characters of arachnitis. What are its symptoms?

2. Explain bronchial or tubular, cavernous, and amphoric, respiration, mentioning the pathological conditions on which they respectively depend.

3. In what diseases do ulcerations of the alimentary canal chiefly occur? Mention the symptoms by which these lesions may be recognised. What circumstances would lead you to infer that intestinal perforation had taken place?

4. Sketch the treatment of measles, including that adapted to the mild as well as to the more severe forms.

5. Describe the principal morbid alterations of structure to which the spleen is liable.

6. To what order in the classification of cutaneous diseases does acne belong? Mention its diagnostic characters and varieties.

Pass examination in SURGERY, for the same degree; examiners Mr. Bacot and Sir Stephen Hammick; Nov. 7, 1843.

1. How do you distinguish a carbuncle from any other inflammatory tumour? Give the most common situation in which it is found; the general constitution and age of persons subject to this disease; the symptoms and treatment, both local and general, of an extensive carbuncle, in its different stages; enumerating such circumstances as would lead you to prognosticate a favourable or fatal issue.

2. Give the treatment, both local and general, of a simple fracture of a thigh-bone of a strong muscular man, at its upper third, the middle third, and the lower third, from the time of the accident to its final cure.

3. What are the injuries and diseased states of a testicle which require its removal? Describe the operation of castration, with the subsequent treatment of the patient.

4. Detail minutely the method of amputating the upper arm near the shoulder-joint, and the fore-arm near the wrist, with the management of the stumps till they are healed.

PRIZES AT APOTHECARIES' HALL.

THE following questions were put in the examination in Materia Medica and Therapeutics for prizes given by the London Society of Apothecaries. Their publication may be useful to students who desire to become candidates on future occasions:—

1. State the mode of preparation and the chemical changes and composition, the physical properties, and the physiological action and practical uses, of the potassii bromidum.

2. State the mode of preparation and the physiological effects of antimonii potassio-tartras.

3. In what diseases is the antimonii potassio-tartras exhibited? In what doses, and in what modes of combination, is it most advantageously prescribed?

4. Describe the preparation of barii chloridum, its physiological effects and its practical uses.

5. Enumerate the preparations of iodine, and state their physiological action and the diseases for which they may be prescribed, with their doses and modes of combination.

6. Describe the preparation, the modes of operation, and the medical uses, of potassæ chloras.

7. Describe the preparation, the physiological effects, and the uses, of bismuthi trisnitras.

8. State the modes of preparation, the physical properties, and the physiological action, doses, and practical uses, of zinci sulphas and zinci chloridum.

9. Enumerate the class of diuretic medicines, and arrange them according to the modes in which they may be supposed to operate.

10. What means of recovery would you employ in cases of poisoning by opium or by other narcotic substances?

The candidates were also examined *viva voce* by Dr. Copland, and the prizes awarded to Mr. FREDERICK JOHN HENSLEY, of King's College (the gold medal), and Mr. HENRY SOUTHERIN, of University College (the silver medal.

CAMPHOR AND ANTIMONIALS.

To the Editor of THE LANCET.

SIR,—When a man turns critic and pretends to expose the errors of authors, he should candidly state his objections to the propositions that he censures. Yet we find some who cunningly throw weapons at their object while shielding themselves by an unfair position. Instead of flatly and fairly contradicting the condemned assertions, they resort to the trick of asking questions, which they pretty well know cannot be answered, and thus think to acquire the character of profoundness in criticism. But this plan is stale and poor, and only excites contempt in the mind of the party criticised. "Laudatur ab his," &c. I dare say the writer in the last number of the "British and Foreign Review" thought to hit Dr. Thompson a hard blow when he said, "We should like to know how ten or twenty grains of camphor, united with any antimonial or mercurial, would lower action, and act as a sedative?" If the writer do not believe that it will so act, why not at once say so in the same candid manner that the contrary has been affirmed? contradicting and supporting his assertion in a scien-

tific manner, which, from the tenor of his modest paper, we should be led to expect that he was prepared to do. If he cannot *demonstrate* the fallacy of Dr. Thompson's assertion, let him abstain from "reviewing" works on therapeutics, and adopt some humbler employment. I am, Sir, your obedient servant,

ANTI-SOCRATICUS.

London, Nov. 2, 1843.

*** Authors have not many opportunities of defence, or we should not insert this note, which, like the criticism, amounts to nothing,—just balancing, therefore, the attack.

RECOVERY FROM

EXTENSIVE URINARY INFILTRATION AND GANGRENE,

FOLLOWING INJURY OF THE PROSTATIC PORTION OF THE URETHRA.

A boy, ten years old, fell from a tree upon a pointed stake, which penetrated his perineum; he, however, contrived to get up and reach a house about one hundred paces distant, where he immediately fainted from the effects of the shock and exertion. The surgeon who was first called in contented himself with ordering cold applications to the regions of the bladder and rectum, after having made some fruitless attempts to pass a catheter into the bladder in order to relieve an exceeding desire to pass urine. Herr Lorinser, a surgeon of the general hospital in Vienna, and who reports the case, was in attendance two hours afterwards. The patient then lay in bed with his body bent forwards and his thighs drawn firmly up to the belly; the countenance was anxious, desire to pass urine constant and tormenting, and the lightest pressure of the abdomen over the region of the bladder was so painful as to cause great outcries of the sufferer. The scrotum and integuments of the penis were swollen to more than thrice their ordinary size, tense, of a doughy feel and transparent aspect. In the perineum was a small ragged-edged wound, the orifice of which stretched upwards and backwards. Any pressure on the prostate was accompanied by much pain, and the attempt to pass the smallest catheter into the bladder was rendered futile by the swollen condition of the urethra and surrounding parts, and the restlessness and opposition of the patient. Herr Lorinser ascertained, however, by examination per anum, that the bladder was not actually in a distended condition; and, indeed, it would probably be prevented from becoming so by reason of the urine distilling constantly, drop by drop, through the wound. A sound was fixed in the wound, which was carefully cleared of coagula; the integument of the scrotum and penis was scarified, and cold external applications were persisted in.

The urine continued to exude through the wound, and in spite of the perpetual endeavours of the patient to force it through the natural passage, only a very small proportion found its way out by the urethra. Urinary infiltration was in a short time not confined to the penis and scrotum; all the inner part of both thighs and the abdominal integuments above the pubes became swollen, inflamed, and raised into bullæ. Gangrene ensued, and acute and extensive peritonitis, which Lorinser considers attributable to infiltration into the peritoneal cavity also. Warm and and aromatic applications were also employed, with leeches, general warm baths, &c., and strong doses of Dover's powder were administered, which, however, had little efficiency in quieting pain and giving repose to the patient. The latter was now, in fact, in a very critical state; he lay comatose, the eyes fixed and half closed, tongue dry and fissured, respiration short and rapid, abdomen tympanitic, and exceedingly tender, the urine sometimes passing by drops, and at other times in jets, but always involuntarily, and the wound suppurating. The skin was sometimes covered with a cold perspiration, at other times hot and dry, pulse small, tremulous, and often scarcely perceptible. But suddenly, on the sixth day after the injury, the abdomen ceased to be painful, the skin began to resume a healthy function, the pulse rose in strength and regularity, and, in short, a favourable crisis took place. The gangrenous portion of structure became surrounded by a distinct line of demarcation. Decoction of cinchona, with spirit of nitric ether, was now prescribed internally, and willow-bark decoction, as a local application, with general warm baths, as previously.

During the fourth week of this treatment the dead portions of structure came away in dark and softened masses, leaving a large suppurating surface extending over the upper third of the inner side of both thighs, the perineum, the lower portion of the penis, the entire scrotum, and the testes (the dartos?) being bare, and continuing over the groin and upwards over the pubes, so as to expose the origins of the recti-abdominis muscles. The suppuration from this wide extent of surface of necessity reduced greatly the powers of the patient; but, aided by a nourishing and digestible diet, and tonic medicines, healthy granulations proceeded rapidly. The testicles acquired a smooth and close covering of integument; the urine began to be passed partially through the urethra; and at the end of about four months half of it was discharged in this direction, its discharge being now wholly subordinate to the will. The fistula, however, which passed in an oblique manner into the prostatic portion of the urethra, for several months afterwards manifested no disposition to heal without the aid of surgery. Herr Lorinser accordingly cauterised it with nitrate of

silver, and afterwards applied a pad and straps in such a way as to bring the sides of the opening together, under which treatment complete union was effected in little more than a week. The machinery thus used by the surgeon is described in the "*Medicinische Jahrbücher des Oest. Staat.*" for August last, p. 171, to which we refer readers for further particulars of this striking case.

SEATS OF TUBERCLE.

Laennec believed that the right lung was the most frequent seat of tubercles; Louis thought otherwise. Of 250 cases of pulmonary tubercle recorded by Dr. Hughes (Guy's Hospital Reports), in 116 the left lung was found chiefly diseased, and the right in 89, while in 45 cases doubt existed as to which was the most diseased side. It would appear from the above partial experience that, contrary to the opinion of Laennec, the left lung is the most liable to tubercular deposit. Of the 116 cases of disease in the left lung, 43 per cent occurred in males, and 53 per cent. in females; while of the 89 cases of disease in the right side, 38 per cent. were in males, and 30 per cent. in females; therefore females would appear to be most liable to tubercle in the left, and males to tubercle in the right lung. Of the total 250 cases, the upper lobe of one or both lungs was solely or principally diseased in 237, or 95 per cent.; of the remaining 13, in 9 cases both lungs were uniformly diseased; and in only one case were the upper lobes free from tubercles. Of the same total number the per-centage of the sexes was about equal in deaths from tubercular phthisis under twenty years of age (viz., 8 per cent. of males, and 7 per cent. females); of those dying between the ages of twenty and thirty, 41 per cent. were males, and 49 per cent. females; of those between thirty and forty, the per-centage was again nearly equal (viz., 26 per cent. for males, and 27 per cent. for females); and between forty and fifty, the deaths of males were 23 per cent., and those of females 19. It would thus result that females were comparatively more liable to die of phthisis between the ages of twenty and thirty, and males between forty and fifty.

MR. ELLIS'S PAPER ON ARSENIC.

To the Editor.—Sir: I find that I inadvertently copied and sent to you, in my last paper (page 177), a diagram which was not quite correct, having there represented arseniuretted hydrogen as a compound of single equivalents of arsenic and hydrogen, whereas its proper formula is As. H_3., which will leave two proportions of hydrogen unaccounted for. These I suppose to come off as gas. I will give the proper diagram in my next communication. I would have sent it with this, but that I shall again have occasion to refer to it, and it will save repetition to send it then. I should have corrected the error before its appearance in public had the diagram been sent to me with the proof. I had forgotten which diagram I sent, and believed it was the proper one. I am, Sir, your's obediently,

Robert Ellis.

University College, Nov. 11th.

NEWS OF THE WEEK.

The deaths in the metropolis for the week ending Oct. 28th, amounted to 1116, or 10 above the previous week, and 108 above the weekly average in the five past autumns. There was some increase in the deaths from diseases of the brain and nervous system, the kidneys, the uterus and its appendages, from dropsy, carcinoma, atrophy, debility, and other diseases of uncertain seat, from violence, &c., and a considerable augmentation over the previous week, in deaths from diseases of the respiratory organs (354 instead of 320), of which 132 were from phthisis, and 145 from pneumonia. There was decrease in deaths from diseases of the digestive organs (79 instead of 91), diseases of the joints, natural decay, and especially epidemic diseases (239 instead of 271 as in the week preceding). Deaths from typhus, 36, and from hooping-cough, 28 (those in the week previous having been respectively 41 and 47). Scarlatina seemed to be stationary (58 fatal cases); but there was an increase in the deaths from both measles and small-pox (respectively 34 and 13, instead of 30 and 8, as in the antecedent week).

The deaths during the week ending Nov. 4th reached 1060, being 56 less than in the foregoing. The decrease was in deaths from diseases of the nervous system (146 instead of 157); of the respiratory organs (322 instead of 154); of the digestive organs (68 instead of 79); of the kidneys, uterus, &c., a slight diminution; and from dropsy, cancer, and diseases of uncertain seat (114 instead of 128). There was increase in deaths from heart disease (25 instead of 20); maladies of the joints (5 vice 3); natural decay (84 instead of 76); and epidemic diseases (247 instead of 239, as in the week before). As compared with the former week, the deaths from typhus, hooping-cough, and scarlatina, had increased (being respectively 41, 51, and 66); measles remained stationary (34 fatal cases); and small-pox had decreased from 13 to only 2 fatal cases.—*Weekly Tables of the Registrar General.*

After a long discussion at the Westminster Hospital on Tuesday last respecting the continued absence of the assistant-surgeon, the matter was eventually referred to a special meeting of the governors to be holden on the 30th inst.

In consideration of the leading part taken in discussion by the distinguished individual who now fills the chair at the evening meetings of the Medical and Chirurgical Society, it is said to be the intention of the Council to propose that the *President* of that learned body be in future called The Speaker.

It was recently announced that it had been determined by the committee of the Lock Hospital that it was *expedient* to elect a second assistant-surgeon to that institution, the resolution to that effect having been carried in the absence of several influential governors, who considered themselves to have been thus "taken by surprise." On the next board-day, upon inquiry, it was found that the *expediency* of the appointment did not depend on the fact that there was anything for a second assistant to do, but that the funds being low, an election would be a good mode of "raising the wind." The contrivance, however, was considered by several members of the board to be disreputable in itself, and likely to degrade the character of the medical profession. The scheme was, therefore, promptly denounced, and the motion accordingly withdrawn. It is reported that the gentleman who anticipated being elected, in addition to that disappointment, is much chagrined that he has lost his chance of being placed in schedule *A.* of the new fellowships, and must take rank under a lower letter in the alphabet.

Rapid Re-union of Parts.—Dr. Centofanti, of Pisa, vouches for the truth of the following occurrence, in a Florentine medical journal:—A girl, fifteen years old, had two of her fingers suddenly chopped off, through the first phalanx, and, without waiting to "pick up the pieces," she ran to seek surgical assistance. The surgeon caused immediate search to be made for the lost members, and was not a little surprised when they were presented to him doubly divided—that is, they had been each chopped into two pieces, the hand having, doubtless, been closed at the time of the accident. Notwithstanding this, the parts were replaced in their natural situation and closely invested with a bandage. In a few days adhesive inflammation was found to have clearly progressed; healing, in fact, proceeded rapidly, and in the course of the next year it was stated that the fingers had *regained their original mobility!—Omodei's Annali. Univ. di Med.*

Influence of Camphor on the Sexual Organs.—Among the ancients, camphor was celebrated as an anti-aphrodisiac, and several of the moderns have borne testimony to its influence on the sexual organs. Alibert cites the case of a nymphomanic patient at St. Louis, whom he cured by a drachm of camphor at a dose; and Esquirol has successfully treated hysteric nymphomaniacs with the same remedy. M. Guersant speaks of a druggist whose virility failed him after the perpetual employment, *during one day*, of a smelling-bottle containing spirit of camphor, also of a young woman, of ardent and excitable temperament, in whom the use of camphor pills subdued all sexual desires; and Dupuytren attended a medical student in whom impotence had ensued after having slept in a room in which camphor was kept. M. Felix Le Gros asserts that he has found this substance the most active remedy he could use for blennorrhagic erections and chordee.—*Gazette des Hôpitaux.*

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, Nov. 10, 1843:—W. D. Wheeler, J. F. Adcock, G. C. H. Wigan, J. B. Bramwell, J. S. Steel, W. Fergus, C. Heatley, P. Royle, W. H. Michael, T. Collingwood.

APOTHECARIES' HALL, LONDON.

Names of gentlemen who received certificates of qualification to practise as apothecaries, Wednesday, Nov. 8, 1843:—William Few, Huntingdon; Henry Hayton Radcliffe, Liverpool.

CORRESPONDENTS.

To the Editor.—Sir: I am apprenticed to a surgeon who has a partner. Am I *obliged* to make up medicine for the partner, or is it quite optional on my part whether I do or not?—*A. S. P.* What say the indentures? If the partner be not named or referred to in them, the law does not require the apprentice to fulfil the medical commands of that gentleman, unless those commands come to him through the master, and relate to duties which may be legitimately required by him to be fulfilled by the apprentice. But, of course, in denying to execute the directions of the partner the apprentice would neither be seeking nor receiving any medical instruction or advantages from his practice.

E. P. R.—So much depends on the amount of information already possessed by the learner, whether he knows something of the science or nothing, or enough already to combine the study of the science and the art effectually at one time, that we cannot say which work or works would be the best. But if the mind be applied assiduously to the subjects, almost any one of the best known works is as good as another for beginners, if it commence with the elementary doctrines.